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EDITORIAL COMMENT

THE ELIGIBLE VOLUNTEER LIST

We are very glad that our lack of comprehension of the printed Army regulations upon which we commented last month has brought out a letter from Mrs. Kinney which we are sure will make clearer a number of obscure points in regard to the conditions for enrollment in the Eligible Volunteer list.

Although Mrs. Kinney's letter was quite personal we quote from it for the benefit of our readers. She says:

The JOURNAL is just received and I note with much gratification that the eligible volunteer list is at least exciting interest enough to be discussed. In your editorial you say that the papers are identical for both departments, which is a mistake. I am enclosing the application cards for each service, numbered respectively 1 and 2. You will notice that on the card for the eligible volunteer list nothing is said on the subject of length of service. This omission was purposely made because of the assumption that those who entered this list would only serve during the period of war or national emergency as their services might be required. I would not even approve your suggestion that their term of enrollment be made for one year. It should, as above stated, be only for a period covering the "national emergency" for which they had pledged their services. The Government should have no further claim upon them.

The ruling concerning travelling expenses applies to those on the active list. The circular of information concerning the active service is sent with the eligible volunteer application papers in order that the nurses may be informed as to their status, pay and allowances when called into active service; not that, as eligible volunteer nurses, the circular affects them at all as such.

Since forwarding the papers to you for your information and criticism I made the recommendation that the health questions which

had been previously required to be given under oath should be omitted, feeling that if the services of the nurses on the eligible volunteer list were required it was then quite time enough to call for such a statement. The only papers now required by the Surgeon General are those enclosed herewith, namely, a doctor's certificate of the nurse's health, her superintendent's certificate and her application card.

I note that Miss Susan Bard Johnson in her article "Some Reason's Why Nurses Do Not Enlist" quotes from the regulations the requirement that "nurses resigning before the expiration of their term of service will be required to refund to the Government the cost involved in obeying their first order."

Unfortunately she omits the clause which follows, which places in the hands of the Surgeon General the right to waive this provision when, in his judgment, the reason for the resignation is one which entitles a nurse to such consideration. This has always been done by the Surgeon General in cases of sickness, death or other family reasons for which the nurse was in no degree responsible and which required her presence at home. The provision was made to reach those who, having been furnished expensive transportation across the Continent—perhaps to Manila and half-way around the world—after a short term of service think they would like to go home. *A half* truth sometimes may do as much harm as a willful perversion of it.

The crux of this whole situation, I am becoming more and more convinced, is that the matter is taken too seriously. Pray do not misunderstand me when I say this. It is a serious matter which concerns us all most vitally, but when all is said and done, the Surgeon General only asks the graduate nurses to place their names upon a list and express their willingness to serve their country in time of need. This is absolutely all. As has been so often said, if, when the time comes, a frail old mother or a bed-ridden father or other closer claims hold a nurse to her duty at home, she has only to say so and there the matter ends. No nurse applying for a place upon that list is placed thereon until her moral and professional qualifications have been carefully looked up. The standard is set high and serves the double purpose of making admission to the eligible volunteer list an honor and of securing only such nurses to serve their country as those of which their country and their profession may well be proud.

I am glad to be able to inform you that we now have 52 names upon the volunteer list, 33 of which are from the great body of graduate nurses of the country. The rest are ex-army nurses.

Fifty-two is rather a small number when we consider that there should be at least five hundred names on this "roll of honor." It strikes us as being a little strange that the Spanish-American War nurses have not come forward in larger numbers to be enrolled for this emergency service. An organization of six hundred members or more, all of whom have seen service, could certainly make this volunteer list a thing to be proud of.

After reading Mrs. Kinney's letter we are sure the way will seem clearer to many. We still think that without her explanation the papers are "foggy" and we venture to respectfully suggest to the Surgeon-General's office that Mrs. Kinney be instructed to frame a simple circular of explanation to go with these papers now that we are coming to a clearer understanding of what is needed. It is what the official papers do not state that leaves us in the dark.

NURSES FOR THE NAVY

The Washington "Evening Star" is our authority for the statement that the Surgeon General of the navy has asked to have women nurses employed in the navy medical service. He is quoted to have said, "That women nurses are by natural endowment and aptitude superior to male nurses for much of the duty required in the care of sick and injured men is generally admitted. Every war of modern times has demonstrated this fact. The medical department of the army is now provided with a corps of trained women nurses, and their adaptability to service conditions and efficiency in institutions under military control have been fully established. Their services would be more useful in the naval hospitals, insuring for the sick of the navy as careful nursing as is now given to the sick of the army.

"Valuable assistance, moreover, in teaching and training the men of the hospital corps their special duties of attendance on the sick could be rendered by them, and in the event of war, besides being utilized on hospital ships, they could, in large part, take the place of the men in the naval hospitals, thereby releasing the latter for service with the force afloat where they would be needed. In the opinion of the Bureau provision should be made for one superintendent of nurses to supervise the discipline of the corps, and as many chief nurses, nurses and reserve nurses as may be needed, in the discretion of the Secretary of the Navy. In time of peace the number of such trained women nurses would be very small, but the organization should be such as to admit of ready expansion to meet extraordinary needs without delay or confusion. The recommendation of the bureau that Congress be asked to authorize the appointment of trained women nurses has heretofore met with the approval of the department, but necessary legislation has so far failed of enactment."

We understand that the bureau has renewed its recommendation that legislation authorizing the employment of trained women nurses for the navy be requested of Congress. When such authority

has been secured, as of course it will be eventually, another field of work opens up for nurses. Promotion with rank should be one of the conditions embodied in the navy bill.

THE NATIONAL RED CROSS

In this department of the July JOURNAL we published a circular giving the plan of reorganization of the National Red Cross Society. It will be remembered that in this circular it was proposed to organize in states so that every person desiring to do so could easily become affiliated with the society. This work of state organization is well under way. In New York there are already affiliations extending throughout the state and among the names of the members are already enrolled those of Miss Delano of Bellevue, Miss Maxwell of the Presbyterian, Miss Wald of the nurses' settlement, and Miss Palmer of Rochester. Miss Delano, who is the Secretary of enrollment, urges all nurses to become members of the Red Cross Society. Such membership would not be a pledge of service, but would give nurses a vote in the management of the Society and aid in its support. The enrollment for nursing service, if we are correct, would be another matter. Application for membership in New York branch should be made to Mrs. W. K. Draper, Sec., 500 Fifth avenue, New York City.

It will be remembered that both the Associated Alumnae and the Superintendents' Association have committees on the Red Cross and that the nurses' place in the reorganization of the National Red Cross has been discussed in both Societies. Now comes a cordial invitation through Miss Delano for all nurses in New York state to full membership in that state branch, and there should be a cordial response. The fee is one dollar per year.

We will take up this subject again. In the meantime we would like to know what is being done in other states.

THE FUTURE OF THE ALUMNAE ASSOCIATION

With the great extent and rapid development of our nurses' organizations in the last few years,—the State Association especially, with their serious undertakings in law-making and in helping to administer the law, we find ourselves confronted with many puzzling and rather discouraging questions as to the present liveliness and future vitality of our local organizations. It is no doubt owing to the greater urgency

and excitement of state work that there appears to be now a somewhat apathetic period in the history of many of our Alumnae Associations. To a certain extent this apparent dulness and loss of interest among members of local groups, the necessary counterpart of the unusually strenuous work done in larger and more public lines, is causing discouragement to the club or alumnae officers, and we receive many appeals for advice, and suggestions, as to what can be done. How keep up interest in a dormant or, apparently, dead alumnae? How stimulate and bring the members together? What is to be the future of the Alumnae Association? Is the sense of responsibility fading? These and similar questions lie heavily on the minds of faithful officers, and we purpose during several numbers discussing the matter from a broad general standpoint, and invite attention and response in the way of discussion. We have always felt that live and earnest local groups, take they what form they may, are the indispensable foot-stools on which our universe rests, and we shall endeavor earnestly to meet the question of the apparent falling away of individual interest.

A NOTABLE COMBINATION

After November 1st, "Charities" of New York, and "The Commons" of Chicago, will be merged. The combined weekly journal is a distinctly American idea—more or less of a Co-operative undertaking among those who know conditions first hand and are shouldering such movements as housing and child labor reform, the prevention of tuberculosis, and the social utilization of public schools. The editorship will be in the hands of Edward T. Devine, of New York, and Graham Taylor, of Chicago.

While neither periodical has hitherto gained a general circulation they have been read to a remarkable degree by editors, teachers, public officials, the executive officers of organizations, and others who get at public opinion of the community.

To develop this educational work along national lines, a publication committee has been organized with Robert W. de Forest, former Tenement House Commissioner of New York, as chairman, and including Jane Addams and Margaret Dreier Robins, of Chicago; Jacob A. Riis, Frank Tucker and Robert S. Brewster of New York; Daniel C. Gilman, Baltimore; Robert Treat Paine, Arthur F. Estabrook, Joseph Lee and John F. Moors of Boston; Simon N. Patten, Philadelphia; and S. W. Woodward, Washington.

THE VISITING NURSE QUARTERLY

A new quarterly magazine saw the light in October, published by the Visiting Nurse Association of Chicago and edited by Miss Fulmer. In the introductory note the statement is made that the main object of the publication is for compilation; that all matters on District Nursing may be gathered in compact form.

The first number is devoted principally to the reports and papers read at the Portland Convention, Miss Rogers address on "Nurses in the Public Schools" occupying the body of the magazine. It also contains the rules for contagious disease and maternity work as carried on by the Chicago Association, a report of the work of school nurses in Chicago and many helpful items and suggestions bearing on visiting work.

This little magazine should be made very valuable to district nurses if it is properly supported and contributed to by those engaged in that particular line of work and we wish Miss Fulmer every success in her venture.

The subscription price is one dollar. The next number will come out in January, the pages closing on the fifteenth of that month. Miss Fulmer urges all district nurses to make an effort to send her something before the next number goes to press.

PROGRESS OF STATE REGISTRATION

The annual meeting of the Graduate Nurses' Association of the State of Pennsylvania was held in Newcastle on October 18, 19, 20. That the Pennsylvania nurses are pushing matters is shown in the fact that ninety-four new members were admitted at this meeting. The by-laws have been amended and reprinted and judging from the full report found in the Official Department the Society is in a flourishing condition.

Miss Margaret Whitaker, of Philadelphia, has succeeded Miss Brobson as President.

With the political revolution that is taking place in Pennsylvania we predict a more successful result when the nurses' bill is brought forward again.

NEW YORK

In New York State the last of the practical examinations will be held in January and the full examinations begin at the same time.

For the full examinations nurses who entered a training school after April, 1903, and have graduated from a two years course are

eligible for this first full examination, provided the schools from which they have graduated are registered with the Regents.

The full examinations will be both practical and theoretical: the practical will consist of demonstrations by which means the nurses will show their manual skill; the written examinations will include elementary bacteriology, elementary Materia Medica, and anatomy and physiology; diet cooking, medical nursing including contagious nursing, surgical including gynecological nursing, nursing in diseases of children, with obstetrical nursing for women applicants, and for men genito-urinary nursing.

Nurses who are eligible for either of these examinations should write at once to the Education Department, Albany, N. Y. for the necessary papers.

We shall discuss at some length in an early number the subject of the affiliation of large, small and special hospitals in New York State. We find that such affiliations are being entered into to a much greater extent than we had realized, and that the influence of the New York law is becoming more and more widely extended.

DO WE NEED HIS CHARITY

Sir Henry Burdett is over here again agitating the question of a pension fund which he offers to manage if some one else will find the money. Having failed to interest nurses in his scheme when he came to this country some ten years or so ago, he has now made his appeal to the doctors who he seems to think are interested in providing old age pensions for nurses.

There is no question but that nurses need to consider seriously the question of provision for old age but until we can get up energy enough to make such provision for ourselves, let us each in turn retire gracefully to the poor-house rather than permit an outsider to come over here and manage such pensions for us, and especially an Englishman who is not over popular with the more intelligent nurses of his own country.

American nurses are not to be deluded by flattery; they know their own worth and they know whom they have to thank for the progress that has been made in nursing the world over, and while a man like Sir Henry Burdett may gather around him a small following, the independent, self-respecting American nurse will not be deceived as to the true motives of his visit to this country.

We want to remind the nurses of the United States that Sir Henry Burdett is the Editor of "The Hospital," a magazine in England having

a nursing department which has maintained for years a steady opposition to every plan that the nurses of England have attempted to carry out for their own independent life, and for higher standards of nursing education.

OUR NEW COLLABORATORS

Our list of Collaborators is now complete and we give the names of those who have signified their willingness to work for the Journal's literary and professional advancement.

With such a staff of collaborators as we now have enrolled the Journal cannot fail to become more interesting to our readers and its field of usefulness be widely extended.

We have requested the entire staff to make a special effort this year to secure notes and papers from private nurses which shall show the result of their own practical experience. We want it to be clearly understood that papers written by nurses are always given first consideration in our pages and that we prefer articles written by nurses before all others.

The following are the names of the new members of the staff:

Miss Matilda L. Johnson superintendent of nurses of the visiting nurse association of Cleveland, Ohio. She is a graduate of St. Luke's hospital of Chicago, and is one of the active workers for state registration in Ohio.

Miss Louise Craft Boyd a graduate of the training-school for nurses connected with the county hospital of Denver, Colorado. She has held institution positions and has also done private work. She has been one of the leading spirits for state registration acting as the secretary for the Colorado state nurses' association and since the law was passed has been secretary of the nurse board of examiners.

Mrs. E. G. Fournier is also one of the leading workers for state registration in Indiana, being the president of the state association and a member of the board of examiners. She is the superintendent of Hope Hospital at Fort Wayne, Indiana.

Miss Frances M. Quaife is a graduate of the New York Hospital and has held the position as superintendent of the Touro Infirmary at New Orleans for the past nine years. She has also been active in state registration work.

Miss Marie R. Jammes is the superintendent of the visiting nurses' association of Minneapolis, Minn. She is a Johns Hopkins graduate and lives with her family in Minneapolis.

Miss Grace E. Baker is the superintendent of St. Luke's hospital in Cedar Rapids, Ia. She became a subscriber to the Journal while yet a pupil and has always been a quiet worker in its interests.

Dr. Alice M. Seabrook was a graduate nurse before studying medicine. She is the superintendent of the Woman's Hospital, Philadelphia, and is very much interested in nursing progress in Pennsylvania.

Miss Lucy C. Ayers is a graduate of the Boston City Hospital, and is now the superintendent of nurses in Rhode Island hospital in Providence. She is one of the public spirited women who are working in the interest of state registration.

Miss Martha J. Wilkinson of Hartford, Conn., will represent the Journal's interests in that state. Miss Wilkinson has the Journal's future very much at heart and we shall look for more frequent contributions from Connecticut to its pages through her efforts.

Miss Idora Rose is a graduate of the Illinois Training-school and succeeded Miss McIsaac as superintendent of that school. She has been for a long time a quiet worker for the Journal, but now consents to have her name placed in the list of those women who are recognized as its professional supporters.

Miss Sweeney, Secretary of the San Francisco County Association, will represent the Journal's interests in California.

THE TRAINING SCHOOLS OF THE PACIFIC COAST

We want it to be distinctly understood that we are not writing of the training schools of the Pacific Coast in a spirit of criticism. Our visit was too short, and such inspection as we were able to make entirely too superficial for us to presume to speak with either criticism or authority, but our visits, taken as a whole, made a distinct impression about which we think it possible some of our readers may be interested to hear.

At the present time, so far as we could learn, the majority of the schools on the other side of the Rockies, are in charge of women trained in the East, many of them women who had made a record in training school work before going to the West, the greater number having been in these positions only a short time. The notable exceptions to this, however, among the women whom we had the pleasure of meeting, were Mrs. Pahl, a graduate of the Illinois Training School, who has been at the head of the Good Samaritan Hospital at Los Angeles for

eleven years; Miss Loveridge, a graduate of Bellevue, who has been at the Good Samaritan Hospital in Portland, Oregon, for fifteen years, and Miss Hall, a graduate and former superintendent of the Seney Hospital, Brooklyn, N. Y., who has been superintendent of the Seattle General Hospital, Washington, for five years.

So many of the hospitals that we visited or heard of had changed their superintendents within the year that we wondered if the movement for State registration was not resulting in a general reorganization of the Pacific slope schools.

The Western women who had been trained in Western schools impressed us as being especially fine specimens of womanhood; of course of their technical training we had no opportunity to judge but such women as Miss Genevieve Cooke, Editor of the Nurses' Journal of the Pacific Coast, Dr. Helen Parker Criswell, chairman of the legislation committee, and Miss Teresa McCarthy, secretary of the California State Nurses' Association, stand for all that is highest and best in our professional life.

We had an opportunity of meeting the pupils of several schools and it seems to us that from the standpoint of physical development they were superior, and in intelligence fully equal to the average pupils in the East.

There would seem to be no reason why Western schools, especially those organized and conducted by eastern women should not produce as fine a type of nurses as can be found anywhere; the only point of difference would seem to us to be in the spirit of commercialism to which we have previously referred, which seems to prevail in hospitals in that section of every class. It would seem almost impossible for pupils trained in hospitals that care for no charity patients, to have inculcated into them the highest motive which should dominate the nurse's life—the true spirit of philanthropy.

From the standpoint of our New England bringing up, any "Good Samaritan Hospital" that does no charity can hardly be fulfilling its mission.

We found in all of these hospitals, and most especially where the women at the head had not been long from the East, a very keen appreciation of this lack of provision for the poor, and we believe that these women cannot fail to exercise a very strong influence in changing the policy in many of these institutions. They have an unawakened public and a commercial medical attitude to combat, but the influence of a good woman must always be felt in a public institution.

In what are known as general hospitals, in which class are in-

cluded the church institutions, provision is made for some ward patients paying as low as seven and ten dollars a week, and it is from such training schools that the women who impressed us so favorably have been graduated.

The large "hotel" hospital training schools conducted by corporations of physicians are another problem; in these places money is the first consideration.

The argument used by the promoters of such schools is that nurses are to take care of the rich after they graduate and they can be best equipped in private hospitals where they have only the rich to serve. On the other hand we were told that those private patients could never be used as clinical material; that the head-nurses and superintendent never felt at liberty to go into a private patient's room to superintend the work of a probationer, and that it was quite impossible to watch the development of young nurses in the strictly manual part of their work because patients paying high prices objected to any supervision: a much to be deplored attitude both in the interest of the nurse and patient.

We were especially impressed as we went from city to city with the lack of comfortable provision made for the nurses when off duty, crowded dormitories and inadequate cottages being the ordinary makeshift. There were some notable exceptions, however.

The Children's Hospital in San Francisco has an exceedingly comfortable nurses' home; this is a large hospital caring for all classes of women and children.

The City and County Hospital of San Francisco has a detached nurses' home corresponding in its lack of comfort with the Hospital. The Fabiola Hospital in Oakland has an exceedingly pretty new building in the Mission style of architecture; the little hospital at Pasadena has a very comfortable little home which is fast becoming inadequate for its needs, and the Good Samaritan in Portland has recently completed a large and attractive home for its nurses.

We visited one very beautiful "hotel" hospital; but were not shown the nurses' quarters, and were told afterward that their apartments were arranged with "bunks" one above the other!

We were not invited to see the sleeping apartments of any of the large "hotel" hospitals which we visited, and we drew the conclusion that where "dividends" were so great a consideration, little money was expended either for the comfort or education of the nurses.

When the West awakens to a full appreciation of the needs of its people for hospital care and the whole great question of the training

of nurses, we believe the development will be more rapid and upon broader lines than that of the East; in most places the foundations are being well laid and there will not be so many traditions to overcome as in the older sections.

On our return journey we stopped at Spokane where we visited two exceedingly fine hospitals, one conducted by the Sisters, and the other St. Luke's, under the auspices of the Episcopal Church. In this city we found many eastern women and were most charmingly entertained.

Still nearer home we stopped at Minneapolis, where the same spirit of Western cordiality prevailed, and for two days were the guests of both St. Paul and Minneapolis nurses. A splendid gathering of women from both cities honored us by their presence at the meeting held in Minneapolis to consider the whole broad question of State Registration.

Our summers' journeying came to a close after a "week end visit" with Miss McIsaac and "Euphemia, Tom and Billy" at the New Cranford, where we found all of the romance of surroundings and the charm of a peaceful home which Miss McIsaac has so graphically described in her sketches.

We gathered up the lines of the Journal work and turned our faces finally homeward, with the consciousness that we were closing one of those very rare experiences that comes to few women in a lifetime. We had entered city after city to be met by a host of cordial strangers, and had departed each time with the regret that one feels in leaving long tried and loving friends.

Such has been the influence of our dear "Journal" that there is no longer any East or any West in nursing but a great sisterhood of privileged workers who are united by a common motive, the alleviation of suffering and the uplifting of nursing standards.

TO OUR READERS.

We ask the indulgence of our readers for any errors or omissions in the present and the next few numbers of the JOURNAL.

Our publishers, with many other of the large publishing houses in the country, have been involved in the printers' strike and we feel very thankful to be able to get out the number with so little delay, knowing the great difficulties that have been overcome by our publishers in order to accomplish this.

TUBERCULOSIS WORK OF THE INSTRUCTIVE VISITING NURSE ASSOCIATION OF BALTIMORE

BY ELLEN N. LA MOTTE
TUBERCULOSIS NURSE
Graduate Johns Hopkins Training School

Ever since the Instructive Visiting Nurse Association was organized in 1896, the nurses of the association have had constantly under their charge a certain number of patients suffering with pulmonary tuberculosis. No special effort was made to secure these patients, but, on the other hand, they were taken care of as a matter of course, as were typhoid, pneumonia, and other medical cases, and the nurse of each district always had on her visiting-list a constant but variable number of consumptives, usually in the later stages. After the Tuberculosis Expositions held in Baltimore in January, 1904, and the subsequent arousing of public sentiment on the subject of the relief and suppression of the disease, a sum of money was collected through the efforts of Mrs. William Osler for the maintenance of a nurse whose sole work should be devoted to patients of this class, and at Mrs. Osler's request this special nurse was placed under the direction of the association. In March, 1904, the tuberculosis nurse assumed her duties, and the consumptive patients of the various districts, hitherto under the care of half a dozen different nurses were then placed in the care of one. By this means the regular district nurses were left free for more acute and urgent cases, and the tuberculosis patients were taken in hand by a specialist, whose entire time was devoted to the relief of this particular disease. The first tuberculosis nurse was Miss Nora Halman, who did the work for three months, and was succeeded at the end of that time by Miss Woodward, who did it for six months.

Tuberculosis nursing, or, more properly, tuberculosis work, differs from ordinary district nursing in a great many particulars. In the first place, there is very little real nursing care that may be given to the patients. Consumption is a chronic rather than an acute disease, and until the last very few patients are confined to bed. Some of them go to bed only a week or so before the end, and many do not even do that, but continue up and dressed until the very day of their death. Of the two hundred or more patients at present on the list of the tuberculosis nurse only about a dozen are confined to bed. Even then there is very little to do for them, as, unlike other cases, there is no special treatment to be given, no irrigations, spongings, dressings, and

the like, as in cases of acute fevers or surgical disorders. A bed bath, an alcohol rub, and attention to bedsores are about all that the nurse can do for the patient, and all of these are simple measures which she may readily teach some member of the family to perform with perfect efficiency. The greater part of the work, therefore, is instructive and preventive, and means carrying the campaign of education and enlightenment directly into those households in which the disease originates and from which it is disseminated. The chief force and significance of it lies in the personal instruction, adapted to the individual needs and requirements not only of those persons who have tuberculosis and are spreading it, but of those who are exposed to the disease and are in danger of contracting it.

Tuberculosis is a disease that is bred and spread in unsanitary, overcrowded, and poverty-stricken households, members of which, in the capacity of domestic servants, laundresses, dressmakers, teachers, and the like pass on the infection in ever-widening circles. The visits of the nurse to these households means bringing the knowledge of sanitary living and preventive care directly into the homes of the people most in need of such knowledge. The individual is reached as he can be reached in no other way, for there is no other form of education that can bring forth such results as the personal education of each individual and household.

The work of the nurse consists in regulating the plan of life of each patient under her charge, and of supplying him when necessary with the means of following out these instructions. The different headings under which instruction is given are as follows:

I. Air.—The necessity of fresh air is to most consumptives a novelty. The first visit to a patient generally finds him lying in the dark "middle room" or a suffocating corner of the kitchen, that he may protect himself from draughts and the danger of taking "cold," and in almost all cases the prejudice against night-air has to be overcome. As a result of the instruction about fresh air and ventilation a great deal is accomplished, and in a few instances patients have been induced to sleep out-of-doors. The nurse likewise inspects the premises with a view to finding a porch or place in the yard for a hammock or rocking-chair where the patient may spend comfortably many hours a day in the open air, for that he shall be comfortable out-of-doors is the main point, since the moment he finds himself in the opposite state he returns to his seat in the kitchen. Occasionally a case is found in which the patients obeys too literally the advice of being out-of-doors as much as possible, one instance being that of a man who was told to go to

the Park every day. This he did, remaining there from seven A.M. to seven P.M. without a mouthful of food, in addition to which the fatigue caused by sitting all day long on the hard benches produced such a state of exhaustion that it more than counteracted the benefit of the fresh air. The nurse's suggestion of a steamer chair in the patient's large back yard, by which he might get air, rest and food at the same time, has since been utilized with good results.

II. Food.—The attention of all patients is directed to the necessity of taking (in addition to their regular meals) large extra amounts of highly nourishing food, such as milk and eggs. A few patients can buy these for themselves, but the majority of them cannot, and through the generosity of one of the charity agencies in Baltimore such patients are provided with milk and eggs in unlimited quantities and entirely at the discretion of the tuberculosis nurse. Coöperation with this agency has a value whose significance it is hard to determine, so great is it. Not only does this distribution of milk and eggs produce the greatest improvement in the health of the patient himself, but it renders it possible for the nurse to bring about changes in his mode of life which she could not otherwise accomplish. As has been said before, in tuberculosis work there is so little actual nursing to be done, so few little personal services to be rendered the patient in exchange for which he will consent to follow out the nurse's advice, that were it not for this gift of milk and eggs fully one-half of the nurse's instructions would pass unheeded. Consumption nearly always means poverty, and a savage half-starved man will not listen to directions about the proper disposal of sputum, etc., much less obey them, especially since their fulfilment not only does not benefit him personally, but tends, moreover, to deprive him of his personal liberty. But when he finds that something is offered which will actually be of benefit to himself, even the most obstinate will come to terms, and a bargain may be made with him, his side of which is carried out more carefully as his health improves. A patient soon learns to depend enormously on this daily supply of milk and eggs, and the slightest hint that they will be withdrawn if he is not able or willing to fulfil his share of the compact, is often sufficient to obtain excellent results. One man, the father of six small children, obstinately and maliciously refused to use a sputum cup, and persistently expectorated on the floor. Neither reasoning nor persuasion could accomplish any change, but threatening to stop the daily supply produced instant results. It is unfortunately true that there are numbers of patients who can only be reached by this means.

III. Prophylaxis.—Under this head comes the most important

and difficult part of the work, and it includes all those measures which make for the protection of the family and community. The proper fulfilment of these conditions depends upon the coöperation of the patient himself, the person least benefited and most hampered by their requirements, and it is upon his desire or ability to carry them out that the safety of the family depends. The patient may be made to sleep in a room by himself, or, at least, to have a bed to himself (cots are supplied when necessary by the association), and as far as possible carpets and other dust-collectors are removed; the family is given instructions about isolating the dishes, disinfecting the bed-linen and personal clothing, etc., measures which are carried out with a fair degree of accuracy; but the real trouble lies in the proper care and disposal of the sputum. This is a matter that lies entirely with the patient himself. A few, possibly a quarter, of the total number are of a better class socially and morally, and by the conscientious and careful use of sputum-cups and paper napkins honestly do their best to protect their families. A very small number belong at the opposite end of the scale. They are extremely ignorant (negroes chiefly) and follow with blind faith all instructions given them, aided by the superstitious belief that the burning of the sputum in some unknown way rids them of their disease. Between these two extremes lies the great mass of disease-spreaders, the education of whom lies entirely in the hands of the nurse. The majority of them are anxious to do what they are told, but though eager to follow they are incompetent to fulfil. This failure is chiefly through ignorance, and it is only through the constant visits of the nurse, who by repeating the same things at each visit thus recalls what has been forgotten, that these patients may be educated to a point where they are no longer centres of danger to the community. The instructions of one visit are inadequate. The rudiments of the requisite prophylaxis can barely be acquired in that time, and in many instances after a dozen visits the nurse is not sure that her instructions are comprehended, much less obeyed. As an example of the small value of a single visit alone, a physician reported a case to the nurse, saying that he had furnished the patient with the necessary supplies (sputum-cups, paper napkins, etc.) and had also given her ample instructions as to their use. When the nurse called a few days later no sign of the supplies was visible, and on inquiry it was discovered that they were still in the bundle in which the doctor had brought them, the only difference being that the patient had torn a small hole in the wrapping-paper in order to satisfy a little natural curiosity as to what the package contained. The importance of incessant care has to be impressed at

each visit, and even then there are many ways by which such care is ingeniously evaded and which are impossible to foresee. A patient who uses his sputum-cup fairly carefully in one part of the house forgets to carry it into another, and there uses a spittoon. One man with whom the nurse was talking stood on the doorsteps with his cup in his hand and suddenly spat in the street, giving as explanation that he often did that in order to save his cup. Another patient, a woman, who after several visits had reached (as was supposed) a fairly satisfactory degree of training, proudly told the nurse one day that she had made a great discovery—*i.e.*, that the pasteboard fillers burned far more easily when empty, consequently she always poured the contents of her cup into the gutter and then burned the empty box. These faults of ignorance are, of course, easy to correct, but a more difficult problem presents itself in dealing with those patients who do not wish to bother themselves with the use of cups, yet here too, after a time, fairly good results are often obtained. One man was extremely acquiescent, but disobedient about using his cup, yet each time promised faithfully to do better. One day he was sitting on the doorstep, and as the nurse came down the alley she heard a loud whisper, "Give it to me quick—here she comes!" and the cup was hastily handed out to him through the open door. This was at least a recognition of what was expected of him, and in time this patient became used to his cup, found it a convenience, and is now a neat, well-trained consumptive. There are, of course, a certain number of incorrigible cases,—wilfully and hopelessly disobedient,—and in these cases little can be done. Still, the mere fact that a nurse comes to see them, is interested in them, and expects and hopes for certain things from them is an educational factor of no mean value. It is a noticeable fact that the families of these wilfully careless patients arrive at a far livelier sense of the importance of protective measures than do those of patients who are more considerate and careful.

IV. Fumigation.—To report to the City Health Department such houses as require fumigation after having been vacated by a consumptive occupant is one of the most important duties of the tuberculosis nurse. Under the laws of Maryland ample provision is made for this disinfection, which is done by the Health Department upon the request of the "householder, physician, or other person having knowledge of the facts," and by the complete and extensive fumigation of these infected houses the city is definitely rid of just so many centres of infection. The fumigation required in these cases is nearly always extensive, involving the entire house, as consumption is a house disease, not a room disease, like diphtheria and scarlet fever, consequently the

disinfection to be adequate must include the whole house, in which the patient has been living and coughing for anywhere from three months to as many years.

Out of the number of houses reported for fumigation almost one-half were reported in cases where the patients had moved to other quarters; in these cases the nurse was the only person "having knowledge of the facts," consequently the only person able to notify the health authorities of these conditions. The physician is able to play but a small part in reporting these houses for this reason—he is not a constant factor in the household of a consumptive patient. Also among patients of this social class the "family physician" is almost unknown, it is the physician of the neighborhood who is called in and is "paid off" at the end of each visit and who, consequently, is not in a position to keep up with the movements of the tuberculous patient. In many instances, after the diagnosis has once been made the doctor is not called in again until he is needed to sign the death certificate, which may be anywhere from a few weeks to a year or two later. The nurse thus, as said before, is in *nearly one-half* of the instances the only person able to report a vacated house to the health officers, and the only "person having knowledge of the facts" who is able to prevent a family of healthy people from moving into apartments that are infected in every room with the tuberculosis organism.

The calls to cases of tuberculosis are not limited to one hospital or dispensary, but come from all sources—physicians, dispensaries, hospitals, charitable organizations, and private individuals. Each of these cases as it is turned over to the nurse is registered by her with the State Board of Health, which in return provides the association with all the sputum-cups, paper napkins, fillers, etc., needed for distribution among these patients. The new calls average fifty a month, and a visiting-list of about one hundred and seventy is maintained. With so great a number of patients to attend to, it is, of course, impossible for the nurse to visit any individual more often than on an average once in ten days or two weeks.

In the case of very ill patients, however, more frequent visits to them are managed by lengthening the intervals between calls to those patients who seem better able to take care of themselves. By thus dividing the patients according to their conditions into groups and visiting the patients in one group at greater intervals, and those in another group at shorter intervals, the work can be satisfactorily arranged.

As regards the benefit derived by the patient himself, for the individual little can be done. Patients of this class who have got tuber-

culosis cannot afford to get well or cannot afford to stay so. A certain number of economic cures may be reported, however, that is, cases in which sufficient improvement has been made for the patient to be able to return to some form of employment, but for the most part the individual is doomed. The benefits of this work are not for him, but for the community.

Summary of Work.

PATIENT.

1. Instruction.—Such advice given as will tend to promote recovery or improvement. Value of food, open air, rest, and hygienic living. Proper disposal of sputum and use of cups and napkins, etc. Necessity for sleeping alone.

2. Nursing Care.—Bed bath, alcohol rub, attention to bedsores, etc. Very little of this nursing care is required.

3. Material Relief.—In necessary cases patient is supplied sick diet (usually milk and eggs); cots, wheel-chairs, rubber rings and other requisites are lent by the association. Clothing, etc., furnished when necessary.

4. After Recovery.—After patient has improved sufficiently to return to work he is regularly visited (at longer intervals) and advice given to him or his family which will tend to maintain improvement or ability to work. Patients grow very careless about themselves when in this state and much is done to prevent possible relapses in health as well as a return to careless habits.

FAMILY.

1. Instruction.—Family is instructed in proper care of patient, necessity for food, fresh air, etc. Instructions given in preparation of suitable food. If patient is bedridden, family is taught how to give bed baths, prevention of bedsores, etc.

2. Prevention.—Advice as to necessity of isolated dishes; care of patient's linen (bed linen and clothing). Necessity of destroying sputum and of patient having a room to himself, etc.

COMMUNITY AT LARGE.

1. Discovery of Cases.—Incipient cases discovered in households of old patients and sent to doctor or dispensary for diagnosis and treatment. Patients in later stages discovered by inquiry among friends and neighbors, and all such new cases visited and families safeguarded.

2. Fumigation.—After the death or removal of the consumptive patient the house is reported for fumigation to the city Health Department. In reporting such houses the amount of fumigation required is specified (whether whole house or only one or two rooms).

3. Registration of Cases.—All cases given to the nurse after the physician's diagnosis are reported by her to the State Board of Health, which provides the association with all supplies (napkins, cups, etc.) which are needed for distribution among these patients.

Saving of Wage-Earners.—A quarter of the number of cases under this supervision have been able to return to work, if not to their former employment, at least to some modified form of work. These cases are not physical but economic cures, who have been able to return to work after being under supervision or treatment from periods varying from several weeks to as many months. Sufficient time has not as yet elapsed to judge of the permanence of these cures, but from a wage-earner's standpoint they are satisfactory, and would probably not have occurred without the care and supervision of the nurse.

THE ORIGINS OF MEDICINE*

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The study of origins is always interesting, but often not particularly flattering to our pride. Proud humanity has always hated to acknowledge its descent from the mudfish. Just as a too nice inspection of the pedigrees of our most illustrious colonial dames reveals that their Revolutionary ancestors were drummer boys or hostlers in Washington's army, so the following back of the pedigree of even our most impressive and illustrious institutions is apt to land us in the very humblest of antecedents. But there is nothing whatever to be ashamed of in these as long as they were doing their best in their time and place, and the chastening reflection will occur that our own descendants will probably be ashamed of us as we are of our humblest ancestors.

These considerations are peculiarly apropos with the study of the origins of that noble and illustrious science of which the nurse and the

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physician are alike the devotees. This, though,—tracing us back to such an antiquity as is wrapped up in the deepest mystery, like the ancestry of the very classic Jeems De la Pluche,—shows three distinct roots or stems. The first of these is for medicine proper as distinguished from surgery, whose earliest prototype is clearly enough that grotesque but picturesque individual known to this day among our own local aborigines as "The Medicine Man," "The Shaman," "The Voodoo." But we have not to bear the shame of our descent alone, for another even more proud and illustrious profession—the clergy—is equally descended from the same amusing individual; in fact, science and religion are descended from one common ancestor, which is probably the reason they hate each other at times so cordially. The practice and therapeutics of this remarkable individual had at least the merit of being perfectly simple. They were based upon his pathology, which consisted in the belief that diseases were due to possession by evil spirits, a remnant of which belief clearly persisted as late as the days of Jesus of Nazareth, when epileptics and the insane were described and treated as possessed with devils.

Naturally, the simplest thing was to make it so uncomfortable for the spirit that he would promptly quit the premises. This is the explanation of the beating of drums and incantations and sounding of trumpets which were the chief reliance of the primitive Medicine Man, and, what has persisted to a later day, the administration of bitter, nauseous, and otherwise abominable messes to the patient. You think that has all died out in this twentieth century, but did you ever hear of cannon being fired to raise the body of one who had been drowned? This is purely and simply to scare away the water sprite or Nixie, who has pulled the drowned man under, to make him release his hold, although we have invented a pseudo-scientific, modern explanation on the ground that the jar of the explosion loosens the body from beneath the snag. Of the bitter and nauseous medicine superstition we have, alas, abundant survivals, as most of us past forty years of age can testify from painful personal experience. Almost anything that tastes nasty is supposed to be good for medicine. Household medicine, of course, is in that stage as yet, and the horehound and boneset and camomile and other abominable teas, are clear survivals of demonism, as anyone who has ever tasted them will cheerfully testify. Their real curative value consists in the large quantities of hot water with which they have to be washed down and the profuse perspiration which this induces, but the original plan on which they were selected was precisely that described by one of Frank Stockton's never-to-be-forgotten heroines, who said she

had "tried almost every possible yarb and other remedy for the cure of her husband's favorite ailment, and had only found one which was a certain cure, and that one always worked, no matter how bad he might be when he tuk it. Within twenty minutes afterwards he did not know there was anything the matter with him 'ceptin' a bitter taste in his mouth." And while I would not dare to say so in public, yet to so highly and scientifically trained an audience as this I don't mind confessing privately, as it is coming to be an open secret in the profession, that most of our so-called bitter tonics, like quassia, gentian, strichnia, and quinine (elsewhere than in malaria), have their sole virtue just about where the good lady's "yarb tea" had,—namely, in their bitter taste. If anyone can tell me of any other I shall be greatly obliged to him. They are supposed to give one an appetite, but I frankly believe that that is only by making anything else that comes afterwards taste good by contrast.

There is another survival of the magical in medicine which is to me of considerable interest, and that is the curious sign which you see placed at the head of a prescription. We have now mutilated it and rationalized it into a capital R with a stroke across its last flourish, and we glibly inform the neophyte in medicine, as also in nursing, that it stands for the Latin "recipe," which is being interpreted—"Take"—of the following ingredients so and so much. This, however, is a pure invention, and if any of you will take the trouble to look up a German or English prescription blank, or even an American one of more than thirty years ago, you will find that this character bears no real resemblance to any letter whatever, but is a purely arbitrary sign; and if you will turn to your astronomies you will find that it is simply the zodiacal sign of the God Jupiter, the patron deity of physicians, whose blessing is invoked thereby upon the following prescription. And God knows that some of the prescriptions I have seen need this divine assistance badly enough. In fact, our whole edifice of even modern medicine is riddled through and through with traces of its origin from pure magic, and nothing but a reasonable regard for your patience prevents me from giving a dozen other illustrations. However, fortunately, we long ago turned over the magical spirit to the other branch of our common ancestry, the clergy, and are now, in name at least, upon a rational basis. I think I hear my surgical brethren of the audience chuckling to themselves: "Oh, yes! that is quite true of the medical man pure and simple; he is a hoo-doo, of course; we always knew it, but we have sprung full armed from the head, Minerva-like, of Jove, and are purely modern, a strictly rational product." Who do you sup-

pose was the original ancestor of that proud corrector of the mistakes of Providence, the modern surgeon? No more and no less an illustrious individual than the common barber and corn-cutter. In fact, his name, which comes from the French chirurgeon (meaning hand-worker), is not only of the same derivation, but of common ancestry with chiropodist. For a long time he was regarded as an inferior caste in the profession itself, and to this day in England the surgeon proper is not allowed to call himself "doctor," but is confined to the plain title "Mr." In the complicated code of British society the doctor is regarded as a gentleman, while the surgeon is not necessarily so. I dare say many of you will recall reading in any of the old biographies or plays that when any blood-letting or anything of that description is to be carried out the barber or the leech is called. But even from such a purely day-laborer origin as this surgery has not entirely escaped its priestly and magic origin. The ancient and abominable blood-letting which used to be practised, with and without reason, on every possible occasion, is a pure survival of the idea that something must be done to render untenable the further residence of the diseased demon in the body of the patient. The lancet, bleeding and calomel were pure survivors of demonism,—ghastly, degrading, and utterly harmful superstitions,—and it is simply absurd, if not positively hypocritical, to attempt to defend them on any rational grounds. They did harm, and little else but harm, and as many lives have probably been sacrificed upon their bloody altars as upon those of any other religion. The ancient chirurgeon emphatically believed that without shedding of blood there is no remission, and the laity are sometimes unkind enough to say that he has not quite escaped from a slight influence of that belief even at the present day.

These two curious origins will go far to explain the singular terms of contempt or dislike with which the medical man is almost invariably referred to in dramatic and historic literature until within the last fifty years. Molière, you will remember, pours the bitterest vials of his scathing sarcasm upon the medical charlatan, whom he evidently regards as the dominant type of the profession. Shakespeare seldom refers to the leech or the surgeon except in such terms as might be applied to a footman or groom. Indeed, in many instances he evidently regards them as rank impostors dealing in charms and spells and practising upon the credulity of the people. This attitude towards the profession in literature is one of the most painful and humiliating things to the educated physician of to-day, his only comfort being that the priest is not treated much better. One thing, however, has always been to the

credit of surgery, and that is that its attitude was emphatically that typified by the native of the great State which has its capitol in St. Louis —"that he had to be shown." He has never been half so credulous as the medical man, and has stood for a stricter form of the rational, purely scientific spirit. I sometimes think that his rationalism, however, admirable though it be, is carrying him to-day a trifle too far, and that he is using his scalpel to save his brains. In diseases particularly of the abdomen we are getting much into the habit of saying, "I will make no diagnosis, except that there is trouble in the northeast or southwest quadrant, as the case may be, and I will go in and find out what it is," first taking a roving commission from the patient to abate any nuisances which he may discover in the course of his investigations. One of my medical friends who had been recently submitted to a serious gastro-intestinal operation informed me in strict confidence, in which same spirit I hand it on to you, that in his mind surgeons were getting to be little better than intestinal plumbers, but I am sure his judgment was too harsh. However, I fear that if the present trend of affairs persists it will be quite possible after death for the expert neurologist to distinguish between the brain of the surgeon and that of the physician by simply turning to the cerebral centre of the reasoning powers and noting the bump that is present in one case and the depression which exists in the other.

Finally, after the errors of barbarism and the ignorance of the ages have been slowly shed off scale by scale, the third and highest source of origin of our illustrious joint profession emerges, and that is the department of trained nursing. Here it is just as true as in Burns's celebrated lines on "The Garden of Eden," that

> "When Nature first began to plan
> Green grew the rashes, oh!
> Her 'prentice hand she tried on man,
> And then she made the lasses, oh!"

Time's noblest product is here, as usual, the last, and while your profession was not fully recognised as the peer of the others until comparatively recent years, it has an antiquity that goes back farther than any of them, and a nobility which throws them both in the shade. Just as soon as the light of maternal affection dawned in the kindling eye of the earliest bird or the most primitive animal as she gazed upon her triumph—the new-born young—there was born the spirit of the nursing profession. Long before there was a doctor there was a nurse, and to her is due more than to any other influence the survival of the

human race, in spite of both the medicine man and the surgeon. Based upon the purest and most self-forgetful feelings, the longing of the mother to comfort her sick child, and the father to restore his wounded young, is alike the highest, the purest, the sanest, and freest from excesses and errors of every sort, of any of the branches of the great healing art. The nurse alone in the art of healing has culled no deadly poisons from dew-covered herbs by moonlight, has brandished no bloody scalpel, but has relied upon the gentle, soothing, rest-giving forces of nature, which in the long run are infinitely more powerful. It is no mere coincidence that the development of the trained nurse was absolutely contemporaneous with the advent of the rational, respect-for-nature spirit in medicine. No longer is nature to be dosed and carved and deprived of her natural demands in the way of water and coolings in the time of fever, but her indications are to be watched and, as far as possible, followed. In other words, Nature is to be trusted, instead of hated and despised with a Puritanic vigor. Rest, food, the open air, the sunlight, the sparkling water, internally and externally, are to be substituted for calomel, jalap, aloes, and henbane. After centuries upon centuries of fighting nature under the impression that she is trying to land our loved ones in their graves, we have swung round to recognise that her tendency is towards recovery if we will only not interfere with her. Someone has put in the mouth of an applicant for a licentiate's degree, in answer to what was the first duty of the physician, the words, "To find out what will harm the patient, and then not give it," and it is not an inapt description of the attitude of modern medicine. Instead of indiscriminate drugging, bathing; instead of bleeding, feeding; instead of piling on blankets and shutting the windows tight in fever, cool packs and wide-thrown sash; in other words, we are endeavoring to intelligently work with and assist nature instead of fighting against her. Not that I would by any means decry the use of drugs and the resort to the knife. Far, far from it. One is indispensable, the other absolutely necessary. By the intelligent use of both, recovery can be hastened, pain diminished, injurious effects minified, and the recuperating powers of nature assisted and strengthened in every way. It is merely that instead of feeling when we are called into a case that we must instantly jump in and do something to save the patient's life, we quietly inquire into the natural history of the disease, what nature is doing to improve the condition, and limit the damage, and then fall in with her suggestions as completely as possible. For fevers, packing, bathing, sponging, and, wherever we possess them, the use of those supreme remedies of nature which she

manufactures in the tissues of every patient in sufficient amounts if she can—the antitoxins, or healing serums. Nowhere is to be found a more brilliant illustration of the way we are now taking leaves out of Nature's book and endeavoring to fight the battle with her own weapons than the use of these wonderful and most valuable weapons, the antitoxins. The medical profession balanced upon two feet, viz'y, medicine and surgery, while it has done some yeoman service, still stood uncertainly. The third foot, nursing, places it upon a tripod and makes its stand as firm as that of the everlasting hills.

So much for the past. Now, what developments may we look for in the future? It goes without saying, of course, that our patient study into the causes of things is going to give us an enormously increased control over disease in the realm of preventive medicine. It certainly is not too much to expect that while hitherto we have been restricted to the exploitation of the reactive powers of our own tissues against infection and its products, bacteriology will soon discover for us other bacteria or organisms hostile to those of disease, that just as in the kindred realm of horticulture, wherever a bacterial pest is found search is made immediately for another bacterium or insect which will attack and destroy the first. Striking illustrations in point are the discovery of the Japanese little beetle, or lady-bird, which destroys the larva of the deadly San José scale, and in more recent years of the little black ant of Central America—the Kelep, whose favorite meal is the larva of the cotton-boll weevil. May we not hope that bacteriology may one day find a bacterium or mould capable of destroying the tubercle bacillus in our tissues, or another protozoon capable of destroying the hematozoon of malaria. There are those who are sufficiently light-minded to demand of bacteriology excursions into other fields than those which she now occupies. For instance, one profane jester has declared that he thinks that it is the duty of our laboratory men to, if possible, discover a microbe with which the early morning train can be inoculated in such quantity as to make it so infectious that one cannot help catching it. But this is possibly a trifle beyond their powers. In the realm of surgery it seems not improbable that we shall continue to remedy the oversights of the Creator and make good His absent-mindedness by the prompt removal of a number of odds and ends—bargain-counter remnants, so to speak—which have been carelessly left in the modern human body long after they have survived their usefulness. It does not seem improbable that at some not distant day every child born of intelligent parents will be submitted to a sort of surgical housecleaning, say at about the age of seven or eight years, have his tonsils trimmed

out, his appendix removed, his gall-bladder excised, and, in the case of a female, the entirely superfluous fifth digit upon the foot amputated for the purpose of enabling the fashionable type of shoe to be worn without pain. The removal of the gall would certainly be a great improvement to many individuals of our acquaintance, and if at the same time something could be done to correct the excessive mobility of the linguistic organ of the gentler sex the surgeon would lay the human race under a lasting debt of gratitude. Metchnikoff has gone even further than this, declaring that the whole large intestine is a survival of former herbivorous days, and is no longer of value to the human organism and might be with benefit removed. On the other hand, the stomach is little more than the fermentation basin in the course of the alimentary canal. The same line of argument will equally apply to the teeth, which are mere grinders and tearers, now rendered almost entirely superfluous by the introduction of the steel roller, the carving-knife, the cook-under-hash machine, and last, but not least, the breakfast food. Suppose we were to have all these three sets of superfluous organs removed, and thus be rid at one stroke of toothache, stomach-ache, and colic, what a heaven upon earth this old world would become. In the meantime, while waiting for these really radical and important reforms to be carried out, all we can do is to correct the few of the minor mistakes and inconsistencies that remain, and in these the nursing profession is both our most dreaded critic and our most valued assistant. There was a time when we doctors were monarchs of all we surveyed. The patient, of course, could not talk back, because we could tell him at once that he was not a judge of his own symptoms. The family could only judge of our competence to handle the case by the gross results, of whether the patient got better or died. The outside world either praised us for recoveries which we knew we had nothing to do with, or, on the other hand, denounced us for having lost cases which the Archangel Gabriel himself could not have prevented passing to the Kingdom Come, and we were so often equally unjustly praised or unjustly blamed—either we could raise the dead or we were not to be trusted to "doctor a cat," that we came to have a fine disregard for popular opinion. But another influence has entered on the scene. Quiet, low-voiced, deft-handed, light-footed, but with the other quality which invariably accompanies this rather feline group—an eye that nothing escapes. This person, the only one that we are afraid of, is the nurse. She does not say much, but her look can express volumes. When we have made a fool of ourselves in a case we know it, and we know she knows it, although she never says a word. If she has confidence in us,

we have to do the very best we know how in order to continue or preserve her approval; if she has not, though she may never manifest this by either word or sign, we know it just the same. When it occurs we will strain our last bronchiole in order to retain her skilled approval. When the nurse says we have done well in a case, we know we have, but when she maintains a polite reticence as to her views upon the manner in which it has been conducted we shudder to our very backbones. It has only one drawback, it places us under the dominion of the only master that we are really afraid of; the only God that man ever really worshipped—woman. It has long been an open secret under whose hopeless domination we unfortunate males are within the haven of our own homes, but we now find ourselves under that gentle and beneficent but relentless sway in our profession. We cannot even escape from it in our offices, for there our stenographer rules us to our own benefit with a rod of iron, and the nineteenth century closed and the twentieth century is dawning with a more devoted and hopeless subjugation of man than is dreamed of even upon woman suffrage platforms. Our only appeal to you is to use your power gently. Don't be too stern with us, and we will do the best we can to come up to your level. In the meantime, there are a few suggestions for our own protection, and, we sincerely believe, for your welfare, which we would hesitatingly and haltingly suggest. First of all, don't be too sure in your diagnosis. All human knowledge is imperfect, and if we were both to assume in our attitude to certain doubtful cases that represented in the charge-sheets of one of the great London specialists, it would be better for both ourselves and our patients. A recently appointed surgeon to the hospital found the case-sheets of the patient sent into his ward marked, usually, with a rough preliminary diagnosis made by the interne in the receiving-room. This, in most cases, would indicate whether the case were medical or surgical, abdominal or thoracic, etc. Most of them were easy to decipher, but he found not infrequently case-sheets in which the blank space for diagnosis was filled in with the letters G. O. K. He puzzled considerably over this for some days, and did not like to ask what was the meaning of it, thinking it was some contraction for, or initials of, some well-known disease which he ought to be able to recognize, like the contractions in common use there of "T. D." for tabes dorsalis, "D. T." for delirium tremens, "G. P. I." for general paralysis of the insane, etc.; but "G. O. K." would not fit any known disease or combination, and finally he put his pride in his pocket and asked. "Oh," said the interne, "that is a little way that has been in vogue at this hospital for a number of years. I don't know

who started it, sir. Whenever we cannot make out for the life of us in the short time at our disposal what is the matter with a patient we simply write on the sheet G. O. K.—God Only Knows—and leave it to you, sir." Next, do not be too precise. Precision, of course, is the soul of discipline, and obedience, you have been told, is the chief virtue of a nurse. As a matter of fact it is not; intelligence and good judgment are worth ten of it, and every doctor will thank you to do your own thinking and as much of his as he finds you ought to be trusted to, but this absolute Chinese, Prussian drill-sergeant idea of precision, may easily be carried to extremes. I have known both nurses and patients to be seriously distressed because medicine which was to be given every three hours happened to be administered on one or two occasions four and a half or even five minutes after the hour. The solicitude for the remedy to be administered just at the precise stage of the moon or sun indicated upon the charge-sheet reminds me of the story which is told of the good lady travelling through Central New York, who, no sooner had she got fairly settled with all her wraps and bundles in the train than she beckoned to the conductor and begged him to be sure and let her know when they came to Poughkeepsie. "Oh, yes," answered the conductor, "do not worry, I will let you know in plenty time." After an hour passed she again beckoned him and urged him not to forget and let her know when she got to Poughkeepsie. This was repeated four or five times during the morning, much to the poor conductor's bewilderment, but, as such things sometimes go, when they got to Poughkeepsie there were important orders waiting which he had to leap from his train to secure, and got back barely in time to blow the whistle for its departure, and he forgot all about the old lady until the train had gone half a mile down the track beyond the town. He was so mortified when he recollected that he promptly rang the bell and backed up to the station again, then slipped through to the old lady to tell her that at last they had reached Poughkeepsie, and couldn't he help her off with her package. "Oh, thank you," said the old lady, "but I am not going to get off. The doctor told me to take a pill when I got to Poughkeepsie."

Henry Watterson is responsible for the suggestion that Mr. Roosevelt will retire from the presidency of the United States to the presidency of Harvard College. Happy thought! then we shall have a nursing college.

AN OPPORTUNITY*

By LOUIE CROFT BOYD

Colorado Training-School for Nurses, Denver, Colorado

Opportunity is from within. In proportion as we develop the ideal life so are we quick to grasp the opportunities for service lying all about us. The greatest life ever lived was one of implicit obedience to that inner law which raised the most lowly tasks for humanity into the realm of divine service. And this service is our heritage.

In March, 1904, a call was sent out from the Surgeon-General's office for graduate nurses who would volunteer their services to the United States in the event of war or national calamity. Certain papers have to be made out by the applicant and the superintendent of her training school, which, with a written report twice yearly of her physical condition and place of residence, are to be submitted to the Surgeon-General. The only obligation is a willingness to respond when the emergency arises.

During the first six months subsequent to the issuance of this call, but six nurses volunteered their services! Up to August of this year one hundred and seventy-four application blanks were sent out, of which forty-two have been returned, and, as one of this number was not recommended by her superintendent, the volunteer list now has the names of forty-one nurses who are willing to serve their country in time of need. A fact worth mentioning is that eighteen of the forty-one are already in the service.

From the thirty thousand nurses more or less, in the United States suppose we take two-thirds who, for various reasons, are incapacitated for volunteer service. This leaves ten thousand persons in the profession and out of this number only forty-one are available.

The confusion and dissatisfaction connected with the nursing service of the Spanish-American war are well known facts, hence the wisdom in providing against a repetition of such a disastrous experience. In an emergency there is no time for careful investigation, so the useless become plentifully mixed with the good. In the weeks of self-denial and hard work the chaff is always winnowed out but it is at expense of the patients and the profession that this winnowing is accomplished. The same nurse who walks worthy the vocation she has chosen often fails to recognize and properly adjust the fact that unprofessional

* Read at the meeting of the Colorado State Nurses' Association.

conduct on the part of a sister nurse leaves its impress upon her. We are all part of a whole for "no man liveth to himself." Then is there not something lacking in the professional character of the nurse who sits calmly down to her every-day duties, permitting a call like this to go by unheeded?

We say we love our profession; we utter loving sentiments for our country, and this is right; yet the love which finds no expression, save in words, is like the mist which flees before the light of day. If we loved our profession and country in sincerity and in truth the eligible volunteer list would number its names in the thousands instead of the tens.

The cry of the age is—"What can I get?" And, alas, the nursing profession is not exempt from this sin! We can take nothing out until we first put something in, for we receive in proportion to what we give. We fail to see that by giving we keep, and what we thus keep is the best part of what we gave. The highest obligation we can ever hope to fulfil is rendering service to those who lack what we have to give. That you and I are good nurses is cause for no praise, for we are only what we should be. God gave us the powers whereby it was possible by their use, to become what we are. Then, rather, we are the debtors.

We, who are living in this land, have, as if it were our birthright, a system of public education excelled by no other country, the power of thought, the freedom of open speech, the opportunity to rise to any position open to man, and the right to claim the protection of a government whose strength and power are recognized the world over. Do we owe *nothing* to the United States in return for all this? When our Army Department requests a volunteer list from which to draw in time of need, are the graduate nurses of this land justified in sitting down and letting this call go by unheeded? Emphatically, no! The obligations of this call are so easy of fulfilment that it is appalling to note the few who have responded.

We need to do some serious thinking upon this subject. Our country has a right to our services; she has the right to even *demand* that our services be given, but instead, the call comes in the form of a request—just as the best things in life always come—leaving us free to do the noble part because we are so high-minded that we see the need for action.

"Every common bush is afire with God;
But only he who sees takes off his shoes!"

[On November 2, there were 52 nurses enrolled on the Eligible-Volunteers list.—Ed.]

A NEW CRANFORD; BEING A MORE OR LESS TRUE ACCOUNT OF AN EXPERIMENT

DEDICATED TO OUR DEAR J. B., WHO OF ALL OTHERS BEST UNDERSTANDS WHAT PROMPTED ITS UNDERTAKING

By ISABEL McISAAC
Late Superintendent of the Illinois Training-School, Chicago

Continued from page 498

VII. THE REFORMATION OF WILLIAM THE CONQUEROR.

As the winter waned Billy began to "feel his oats" and made any journeys of mine a constant terror.

He had one particular place at the railway crossing for showing off—not that he had an atom of fear of the trains, but like some two-legged beasts he loves an audience, and the instant his eye would light upon the old flag-man at the crossing he began to wiggle, prance sideways and otherwise deport himself like a giggly girl when the right young man appears. We were always expecting that our buggy top would fly into space with his jerks across the tracks. Euphemia wore one of those wretched hats with the very small crown and very wide brim, which, combined with Bill's antics and a high wind, nearly scalped her several times.

When the warm weather came on and it was time for plowing and other hard work, Euphemia declared that she was going to do the first plowing on the nice, easy soil of the garden; that she knew if Bill only got a right start he would plow all right, for she was certain the men last year did not know how to manage him, which was the reason Bill had done no plowing. I have learned to be discreet in expressing my opinions too freely about Bill's behavior, but like the little owl "kept up a terrible thinking," resolving to arrange my own work so as to give me leisure to witness the performance.

One lovely warm day I heard various explosive sounds with rattling harness and stamping hoofs which grew louder and louder every minute with increasing rapidity, which I knew to be Euphemia and Bill plowing the garden, or rather they were arguing the subject.

The first glimpse I had of them was in silhouette, Bill going in leaps, the plow dragging on its side and Euphemia in an almost horizontal position trying to keep up, her commands entirely unheeded, until the fence stopped the procession.

The wretched beast was wise enough to pull the nose of the plow out the furrow on its side and then go tearing away so fast it was impossible to put it in again. They spent the whole afternoon fighting it out and at five o'clock Bill was still the conqueror, for he had not plowed a hundred feet and Euphemia was in a state of collapse.

The next day the man Friday took a hand in it with the same results. Although Friday swore loud and long and deep and beat Mr. Bill well, the latter was still conqueror and the garden not plowed. Then Euphemia and Friday tried it together, Euphemia driving and Friday trying to keep the plow in the furrow, but it was no use: Billy would not plow and we faced a serious dilemma with all the spring work waiting to be done.

Friday has a step-father-in-law who has a dray in town and who helped out with the plowing last year, and Friday suggested that Euphemia see John and exchange horses for a few weeks until the rush of work was over and John had curbed Bill's exuberant spirits somewhat.

John is wonderfully good with horses, and after a little persuasion brought out his old Dan and took our high and mighty gentleman of leisure away to pull a coal cart in town.

Old Dan was what one might call "a good soul," faithful and obedient, but as uninteresting as "good souls" usually are. Poor Euphemia's vanity suffered greatly by the exchange. She was so accustomed to driving on the wings of the wind that to jog along respectably with Dan and have every man from the banker to the butcher say "Well, you had to get rid of that horse, I see," was a sore trial and put her into such bad temper she took to going to town at night when no one could see her.

Meanwhile we expected every day to see John arriving to take Dan away, as Friday kept us informed of John's trials with Billy,—the numbers of single-trees he broke and the general cussedness of the rascal; but after a fortnight of hauling coal carts, pianos and other heavy freight Mr. Bill settled himself down to work so well that at the end of a month John was quite determined to make a permanent trade; and I think Euphemia would have yielded if Dan could have been persuaded to show some spirit at the signal of the flagman, but she so thoroughly enjoys Bill's almost human careerings that she could not trade, although Dan's plowing was perfect.

When Bill came home it was a question whether he would do as well for Euphemia as he had for John, and we watched anxiously for the trial a few days later when an old strawberry bed had to be plowed.

Friday started out and had done two or three furrows when Bill

remembered that this was his opportunity, and away went the plow again. John had told Euphemia to take him by the bridle and whip him across his fore legs and she decided that it was now or never to conquer him, so they unhitched him from the plow and she got a firm grip and gave him the surprise of his life. He reared and plunged and kicked and pawed and bit at her, but she held on and I expected to see her neck broken on the trees. She did this three times before he gave in, but at last Bill surrendered and has never had but one serious tantrum since. We had a timid visitor who had been frightened out of her wits a year ago, and only after many promises of Bill's good conduct could we induce her to get into the buggy. We assured her that Bill fairly loved an automobile and she consented to ride. At the very first corner they met an automobile and without even a preliminary switch of his tail Bill bolted into the ditch, nearly capsizing the buggy and reducing our visitor to tears. Indeed we haven't yet made peace with her; but to give Bill credit I don't believe it was the automobile which frightened him, but a huge fat woman on its front seat —without a hat, with bleached hair, calcimine complexion, sleeves rolled to the elbow of her beefy arms and an organdie dress with flowers as big as a dinner plate. The sight of her was enough to terrify man or beast.

So thorough has been Bill's reformation that I am no longer afraid to drive him down hill, and when the editor of the Journal rode behind him so polite was his deportment she ventured the opinion that William the conqueror had been slandered. He really has some very engaging ways. We did not know how much we thought of him until he was dreadfully ill from too much green corn. Euphemia doped and nursed him like a human patient, with hot water, whiskey, peppermint and opium, and like many bad children who are only good when they are sick he behaved like a cherub until his pain was gone, when he tried to kick our good neighbor who came in for consultation. I doubt if he will ever figure in a Sunday-school tract, but with all his faults we love him still.

(To be continued.)

ETHICS IN PRIVATE PRACTICE*

By HELEN STUART THOMPSON
Colorado Training-School for Nurses, Denver, Colorado

Once, on your commencement night, memorable speeches were addressed to you; you were exhorted to all the virtues in the calendar, until, in your mind's eye, you already saw an Angel of Mercy in the sickroom.

In the years since then you have been tried in the fires of private duty. Have you lost heart, or are you stronger for the battle? Is it your earnest wish to do your best and to give your best when you enter that room?

Within a few hours, a total stranger, you have come to be a member of the family, the guardian of the sick-chamber, kind, helpful, dependable. You wear a careful uniform. Your mind is on your work. Your thought is not devoid of the suffering here; your sympathies are alive; but you do not condole; rather, you bring cheer by directing your patient's mind to brighter views. You come to alleviate pain; you are not here to show your importance; your good taste will no more allow you to bring a professional manner into this room than will it permit your laundryman to put too much starch into your skirts.

The doctor makes his daily call. He may be an old family friend of yours; he may be your enemy. Neither are you too friendly with him, nor will you exhibit your feeling. Towards his patient his call may have a social inclination; to you, it is on purely business grounds, nothing more. Is criticism of the doctor rife in the family? Does the patient distrust him? It is for you to be loyal to him, so far as it is possible; to reserve to yourself such disapproval as you may feel; in all other things to be entirely honest with the doctor; to carry out his instructions with all faithfulness.

As left on duty in the doctor's stead, you fill a position not less responsible than his own. See to it that the dignity of that position is not compromised. In this household it may be that some prejudice exists against the trained nurse; it is your privilege to live it down. You keep a faithful chart, a map of the course of the disease and of your work. You feel an innocent pride in it, and leave it lying where the family may look it over. Restrain this satisfaction. Put aside what is intended for the physician's eye alone. A general reading may ham-

*Read at a meeting of the Colorado State Nurses' Association.

per the doctor's freedom in the treatment of the disease, which the family should not too closely follow. Members of the family would dictate lines of conduct to you. While giving as little trouble as you can, waiting upon yourself and conforming, when in your power, to the habits and wishes of the family, maintain your own individuality; trust in your own powers of rendering comfort and care to the invalid, and tacitly refuse to carry out any but the physician's orders.

You are brought into the heart of the family. Some of the members confide their domestic grievances to you. You will find a house divided against itself; "for . . . there shall be five in one house divided, three against two, and two against three. The mother shall be divided against the daughter, and the daughter against the mother. The mother-in-law against her daughter-in-law, and the daughter-in-law against her mother-in-law." Beware of taking sides; in so doing you would but spread division. As you value the quiet of the sickroom, over which you preside, and your own peace of mind, remain on neutral ground.

Would you be in sympathy with your patient? Would you win her confidence? Then regard this poor sufferer, so dependent on your good- or ill-will, in the light of someone most dear to you; put her in that other's stead. Someone has said, "In Ethics, you cannot better the Golden Rule." Suppose you render it, "Do unto others as ye would they should do unto *yours*." This is *your* mother; this *your* sister; this *your* child. The sympathy with your patient that you would seek to feel thus comes more readily, is more spontaneous, more easily her mind is assured and comforted, greater your influence with her, and easier your task. When principle is not involved, you will even humor her a little; nor will you deny her any little comforts within reason. Yet from her you will have certain reserves of your own. Be she ever so congenial, your position is not such that you may at once become intimate friends. You will not be over-confidential, nor forget yourself so far as to throw to the winds your reserve and settle down for a comfortable gossip. She is garrulous; illness has not impaired the use of her tongue; she has been shut in so long that she is quite desperate for news. Being of a lively temper, she would turn you inside out for her entertainment. Your private affairs she would draw from you, or, worse still, she would have you detail the history of all your former patients, including their present and past occupations and their names and addresses. But you are wary; you will not be beguiled into gossip. You endeavor to entertain, but with something other than your neighbors' affairs.

Unconsciously you adopt standards of conduct to suit various cases:

towards the familiar patient, who essays to call you by your Christian name, as well as towards the haughty patient, who holds you at a distance, a self-respecting dignity; to the indifferent patient, who wishes only to be let alone, uniform kindness; forbearance towards the invalid who pours her domestic woes into your ears and then says she "hires" you to listen to them; cheerfulness to the hypochondriac; to the fussy invalid, patience; to the exacting, firmness; some line of self-defence towards the inconsiderate patient and the calculating patient, who fairly stays awake nights to keep you busy.

Have you a patient who would be his own thermometer? Hourly he watches his pulse and temperature. Their fluctuations, their every rise and fall, preys upon his mind. For his own good, even more than to save yourself from torment, should you put an end to this pernicious habit. Do you tactlessly refuse to tell him the height of his temperature? You only irritate him. Do you evade his questions or try to deceive him? This is beneath your high character as a woman and a nurse. Be straightforward; explain how harmful it is for him to follow the course of his fever, and beg him to trust his chart to his nurse and his physician.

Is your patient a devotee of science? Beware of responding to such a call. "Science, falsely so-called," having fallen short of effecting a cure, an anxious family calls in the rejected physician.

From the patient a reluctant consent may have been wrung, but in her breast she cherishes a deep-seated antipathy towards physician, drugs, and nurse. You are distrusted, regarded with suspicion; your ministrations are endured; in that room your presence is not desired; you feel that your hours off duty are as great a relief to your patient as to yourself. A cold dislike meets all your advances; your frankness is returned with deceit. You turn your back; the mummeries of faith-healing are practised behind it. You leave the house for an hour; the healer is smuggled in. The spirit is taken out of you; you lose heart; you become incapable of your best work. No code of ethics may prevail against such odds. 'Tis an unprofitable labor; leave it. What you lose in soul-calm and self-trust cannot be made up to you by the payment of any fee.

You must earn your living by your work among the sick. Must you then grow mercenary? Once the nobility of your profession fascinated you. Since then some of the glamour of the pretty romance has been worn off, some illusions have been brushed aside. Yet the work remains a noble one, with rewards richer than gold. Do you go on duty half worn out, or do you remain with one patient until you are

fatigued past usefulness? In so doing you defraud your patient; you give her false weight; for underdone labor you receive recompense. An article lately written for some medical journal gives statistics that the number of accidents among skilled workmen is greater when the laborers are fatigued, showing the advisability of periods of rest. You, then, the laborer of the sickroom, are capable of better work following periods of rest.

Does the thought of servitude depress you? Remember the ministering Christ. Was not His whole life one of service? He it was who transformed this lowest form of work into the highest labor. You should not be more sensitive to slights than He. Strive not, then, too eagerly after the ideal. In visionary perfection there is loss of power. Trust yourself; stand upon your own footing; cultivate your own judgment; pattern after no human model, but follow in the footsteps of Him who would "heal the sick—and bind up the broken heart."

THE USE OF SCOPOLAMINE IN ANÆSTHESIA

By JAMES CLARKE LOGAN, M.D.
Pittsburg, Pa.

Ever since the discovery of ether surgeons have been striving to find the ideal anæsthetic, one which will combine the maximum of safety and ease of administration with the minimum of pre- and post-operative dangers and annoyances. But although the discovery of general anæsthesia came over half a century ago, and the period since that time has furnished the greatest advances the medical world has seen, little advancement had been made in the very field that has made so much of our other progress possible, and ether and chloroform, the two general anæsthetics first discovered, are still, in spite of their many disadvantages, supreme in their field. Other methods, such as the subarachnoid injection of cocaine, have been tried, but have either been of limited usefulness or have failed altogether. Since 1902, however, several foreign surgeons have been experimenting with scopolamine as an adjuvant to, and in some cases a substitute for, chloroform and ether, and it is the data collected from observation of a series of forty of these cases that furnishes the subject-matter of this paper.

Scopolamine hydrobromate, an alkaloid derived from the Scopolia Japonica plant, was first used as a general anæsthetic by Schneiderlin

in 1900. Not a great deal is known about its physiological action except that it is a vaso-dilator, a mydriatic, that it paralyzes the inhibitory action of the pneumogastric, that it induces sleep, and that it is closely related in its action to atropin and hyoscin, the latter having been substituted on one or more occasions. Ophthalmologists have used it locally as a mydriatic for some time. The drug appears in the form of prismatic crystals melting at 59° C. and soluble in water, alcohol, and ether; it degenerates very rapidly when exposed to light or air and should therefore be always used in fresh solution. Experiments have shown that it acts best in combination with morphine, though the exact proportions of the combination which will produce the desired result have not as yet been settled. Until further experiments prove the results of a combination tablet it is best to purchase the drugs separately and combine them at the time of administration. It is administered by hypodermic in any suitable part of the body without relation to the location of the field of operation.

Up to the present writing fourteen hundred and eighty-eight cases of scopolamine anæsthesia have been reported from Germany and Austria, twenty-six from France, and one hundred and fifty-three from this country. Twenty-eight of these latter, reported by Dr. Edward R. Gregg, of Pittsburg, with twelve more recently observed in his clinic, form the basis of our present observations. Of these forty cases, thirty-eight are from the surgical service of Dr. Gregg at the Pittsburg Homœopathic Hospital, and two from the ophthalmological service of Dr. William W. Blair at the same institution, to both of whom I am indebted for permission to observe and report the series. All the cases have come under my personal observation. As several other surgeons are using the drug at the present time, it is probable that by the time this article appears several other series will have been reported.

The data tabulated include the following items: time of administration, operation, amount of chloroform used (if any), presence or absence of a stage of excitement if chloroform was administered, and post-operatively the amount of pain, thirst, and nausea, and the time of vomiting, if vomiting occurred. In all cases the patient received the same dosage, one one-hundredth grain of scopolamine plus one-sixth grain of morphine at each injection, and the patients were not in any sense selected, but were simply those cases which came to operation during the latter part of Dr. Gregg's service without regard to age, sex, condition, or operation. If it is desired to dispense with chloroform, the best time of administration seemed to be two and one-half, one and one-half, and one-half hours before operation.

The dosage and the time of administration having been decided upon, the patient should be taken to a darkened and quiet room and the first hypodermic given. The patient is then told that the operation will not begin for a couple of hours and is advised to sleep if possible. He can then be left alone until the time of the next injection, when he will usually be found sleeping quietly. The introduction of the second needle will probably rouse him partially, but he will not be thoroughly conscious and will at once fall asleep. The face gradually becomes flushed and the pulse full and steady, though it may vary in different individuals from 50 to 120; the respirations are either rapid, shallow, and almost imperceptible, or slow and stertorous, but we were not able to observe any constant relationship between the pulse and respiration rates. The pupils vary from moderate myosis to extreme mydriasis, according to which drug the patient seems the more susceptible to. The third injection may or may not rouse the patient, but he will not be conscious; the physical signs just noted will be intensified.

When the time of operation arrives the eyes should be bandaged and the patient moved to the operating-room as gently and quietly as possible, as noise and motion seem to disturb more readily than pain. For this reason absolute quiet should be maintained during the entire operation. When the skin is incised the patient may show some slight sign of pain, but the more common actions are simply restless movements of the hands and arms, chiefly towards the lower face. The patient's behavior suggests a restless and uncomfortable sleep.

This, however, is the exceptional and ideal case, for should the patient rouse while being transferred or at the incision chloroform or ether, must be administered. The French condemn absolutely the use of ether on the ground that its stimulating effect, following the vasodilatation produced by the scopolamine, would be apt to produce dangerous congestion, particularly in the lungs. This contention, however, is not borne out in the series reported by Seelig, of St. Louis, and Ries, of Chicago, who used ether in all their cases with no bad results. In this series we were able to dispense with other anæsthesia in twenty-five per cent. of the cases.

Should ether or chloroform be necessary, distinct advantages have been gained by the previous administration of the scopolamine-morphine. First, the patient, instead of becoming excited in view of the coming operation, has gone quietly to sleep while awaiting it. In no case did any one of our patients have the slightest recollection of anything that happened after the second hypodermic, even though they

seemed to be semi-conscious while being transferred to the operating-room. This does not include two cases in which it seemed to intensify, or at least had no effect on, an hysterical condition which was present when the first injection was given.

Second, the stage of excitement which so often occurs under ether or chloroform, even in the hands of the most skilled anæsthetist, is in almost all cases absent or so slight as to be harmless. In our experience, however, the drug did not mitigate the severity of such a stage in alcoholics, nor did our colored patients take the chloroform well, all of them struggling violently when it was administered. In eighty-five per cent. of our cases the stage was absent altogether and the other fifteen per cent. were either colored or alcoholic, with the exception of one woman whose after behavior showed her to be extremely hysterical.

Third, the amount of chloroform or ether necessary to induce and to maintain anæsthesia is greatly lessened, the scopolamine seeming to have put the organism in a condition of especial receptivity for the following chloroform or ether.

Considering now the post-operative conditions, those of greatest interest to the nurse, we find the following advantages. First, the pain is greatly alleviated in a large percentage of cases. We have not found, as the French report, that the patient sleeps any longer after the operation, but the pain seems to be dulled or absent entirely in a large majority of cases. This is probably due to the morphia.

Second, nausea, the great bugbear of anæsthesia, is usually slight or absent; very seldom is it as severe as in the ordinary run of simple ether or chloroform anæsthesias. Vomiting, as a rule, is entirely absent, and if present, comes late, when the laryngeal sensibilities are normal and the patient conscious enough to avoid choking. These two facts would demand consideration for the drug were there nothing else to recommend it. Eighty per cent. of our cases were not nauseated at all and eighty-three per cent. did not vomit at all, and of those who did vomit only one vomited within one and one-half hours of the close of the operation. In some cases the vomiting came as late as twelve hours after the operation, and then only once, as if the simple emptying the stomach put an end to what little nausea there was. Only one case showed the slightest tendency to retch. And should the nature of the operation permit, the patient can often be given light diet on the following day.

Third, the drug seems to be a great prophylactic against shock, probably because of the effect of the morphia as well as of any stimu-

lating effect of the scopolamine. The patient may be shocked, of course, and should be watched carefully, but the tendency is not nearly so great, several of our cases undergoing long and tedious plastic operations without the slightest shock following.

Among the unfavorable effects must be mentioned a parching thirst, which follows in some (not by any means all) cases, but which can be alleviated in most cases by allowing all the water craved. If the water causes vomiting, it will usually be a simple emptying of the stomach, which seems to put an instant end to whatever nausea there is and the water can be continued. Occasionally severe headache and troublesome oozing at the field of operation are among the disadvantageous sequelæ, but the former is seldom so severe as to demand especial attention, and the latter has never been excessive or produced any bad result in any of our cases.

When the patient is returned to the ward note should be made of the general condition, as after any anæsthetic, but especially of the condition of the pupils, for when mydriasis is present it shows that morphia is not the predominant drug and the patient may be expected to react more rapidly. Some few patients showed a tendency to slight delirium on awakening, but this was never of long duration nor did it demand any great restraint. If there is marked myosis, slow and stertorous respirations, and a dropped jaw, the patient will need more careful observation. Should shock or syncope demand stimulation it is better to avoid hypodermic medication and to trust to saline infusion, injection, and to heat, as the relationship between scopolamine and the more commonly used stimulants is not as yet thoroughly understood. Should the pupils and respiration indicate that the morphia is the predominant drug and the patient seem to be too profoundly under its influence, the hypodermic injection of atropine and of the saturate solution of permanganate of potash should be considered.

In conclusion, it should be distinctly understood that in the light of our present knowledge scopolamine can make no claim to supersede its tried and proven predecessors in the field of general anæsthesia. What we can say is that it promises to be a valuable adjuvant to ether and chloroform and that in some cases it may take their place, but should it fail to do this in any given case, the patient is yet in a more favorable condition to be put under the influence of ether or chloroform. Much is yet to be learned of scopolamine both in laboratory, in the clinic, and at the bedside, and we must look to those who care for the patient after operation and who are constantly at the bedside for many of the details from which we can draw our conclusions.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON

THE PRINCIPLES AND PRACTICE OF MEDICINE. Designed for the use of Practitioners and Students of Medicine. By Wm. Osler, M.D., Fellow of the Royal Society; Fellow of the Royal College of Physicians, London; Regius Professor of Medicine, Oxford University; Honorary Professor of Medicine, Johns-Hopkins University, Baltimore; formerly Professor of the Institutes of Medicine, McGill University, Montreal; and Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia. Sixth Edition. Thoroughly revised from new plates. New York and London: D. Appelton & Company.

The new edition of Dr. Osler's Practice of Medicine serves as an occasion for regretting the loss to the nursing profession of a valued friend. To many he was known, only through the medium of this, and others of his writings; but wherever, and however known, his acquaintance was eagerly sought for and gratefully acknowledged. No one grudges him the honor of his latest promotion, but we can't help grudging himself to the English University.

The Principles and Practice of Medicine while not designed for the use of nurses, is found in many nurses' reference libraries, where it occupies a place of value well deserved. The dedication to Dr. Osler's early teachers is characteristic of the strong loyalty and faithful friendship so marked in the personality of the writer.

ELEMENTS OF ANATOMY AND PHYSIOLOGY. By Bernard Secretan, M. B., (London F. R. C. S., (Eng.) L. R. C. P., (London): The Scientific Press, Ltd., 28 and 29 Southampton St., Strand.

This little booklet of seventy pages, many of which are given up to plates, seems very inadequate for the instruction of nurses who are to pass any sort of an examination on the subject treated. The children in the public schools get all this and more, in this country. One can only conclude that our own country is more generous in the matter of instruction to pupil nurses, than England is to hers, and be correspondingly thankful.

ANATOMY AND PHYSIOLOGY FOR NURSES. By Leroy Willis, M.D., Surgeon to the Lecturer on Anatomy and Physiology for Nurses at the Lewis Hospital, Bay City, Michigan. 12mo, of 312 pages with 100 illustrations. Philadelphia and London: W. B. Saunders & Co.

It is with some surprise that one learns on the introductory page of Dr. Willis' book that he knows Kimber's "Anatomy and Physiology for Nurses." If he writes for the nurses of the Lewis Hospital only—one must admire his lavish generosity in taking so much trouble for his own students. If he writes for the general nursing public—he has surely mistaken the measure of the general nursing public's taste. He follows his Kimber very closely, too closely for originality, but never quite comes up to Kimber. The system of questions which Dr. Willis follows is hardly to be recommended. It leaves little room for thoughtful exercise of the memory—the question suggests the answer so glibly that the student is saved all trouble of thinking for herself. No doubt Dr. Willis will find a following who will read him with pleasure and profit, and the question system may prove itself a help instead of a hindrance.

THE DIAGNOSTICS OF INTERNAL MEDICINE. A Clinical Treatise upon the Recognized Principles of Medical Diagnosis, Prepared for the use of Students and Practitioners of Medicine. By Glentworth Reeve Butter, Sc.D., M.D., Chief of the Second Medical Division, Methodist Episcopal Hospital; Attending Physician of the Brooklyn Hospital; Consulting Physician to the Bushwick Central Hospital; formerly Associate Physician Departments of Diseases of the Chest, and Diseases of Children, St. Mary's Hospital, Brooklyn, N. Y. Fellow of the New York Academy of Medicine; member of the Medical Society of the County of Kings; Fellow of the Society of Science, Letters and Art (London). Second revised edition. New York and London: D. Appleton & Company.

Though not intended for the use of nurses,—who are, by the way, constantly under accusation of attempting diagnosis,—this book is strongly recommended for post-graduate reading, wherever time and opportunity serve for its study. It may be described as the epitome of years of clinical study. Under its direction the dullest observer may become a rival of Sherlock Holmes. The illustrations are perhaps calculated to destroy the peace of mind of the curious student, who is obliged to see things as they appear under the microscope. The student may even, on first acquaintance, be inclined to declare it a book, "who reads may run," but she is earnestly advised to conquer her squeamishness and peruse to her own advantage.

AN EDUCATIONAL EPIGRAM.—From *Engineering*: To acquire a skilled trade by school methods appears to us almost as hopeless as trying to learn how to drive a motor-car by sitting in it as a passenger.

[How about correspondence schools of Nursing?—ED.]

THE CHRISTMAS SONG

I.

The music of the Christmastide,—
  Our hearts can hear it still,—
The music that the angels sang
  Above the shepherds' hill.

II.

What means that lovely melody?
  "Peace!" rings thro' the clear night air.
O! are we men of gentle will?
  For us, comes that message fair?

III.

O, heavenly song! O, holy babe,
  Whose birth the bright host praise!
O, Christ of God! teach love, grant peace,
  To th' adoring hearts we raise.

HARMONY TWICHELL.

Hartford Hospital, 1900.

MORE TRUTH THAN POETRY

One dozen mops all in a row!
I counted them twice, and know it is so;
Only a patient, out for the sun,
Longing for freedom and a good run;
With languid eyes glancing hither and yon,
The lined up mops they lighted upon;
A bedraggled lot not worthy of mention,
But the one thing in sight to attract one's attention;
And while their limp grayness I slowly survey
A resentful feeling comes stealing my way;
Each morn of my stay have I been compelled,
To watch one of those mops by a "student" propelled:
Yes, by a *nurse* who had earned her cap,
Not by a "Prob," there'd be reason in *that*—
But by one set to watch the patient's condition
In order to give straight report to physician;
Conditions perforce must come to a stop,
With nurse at the propelling end of a mop.

S. A. M.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL

After Effects of Diphtheria on the Heart.—In an article on the after effects of diphtheria on the heart in the *Journal of the American Medical Association* Dr. F. W. White says: "I have no doubt that much of the cardiac dilatation which was often seen in the first few weeks after leaving the hospital could have been avoided by more intelligent restraint of these children at home. Even the milder cases should be carefully watched and whatever causes shortness of breath, pallor or fatigue, or affects the heart unfavorably by notably increasing the pulse rate, causing irregularity or any increase in the cardiac area should at once be stopped, whether it consists of running, walking, playing or even in simply being out of bed. The heart must be given abundant opportunity to rest and recover its normal function. This is the only conservative treatment and the only way to avoid permanent damage to the heart in some instances."

All the severe cases require rest in bed and careful watching of the heart for months or years afterward.

Rye Bread in Diabetes.—The same journal quoting from the *Intercolonial Medical Journal of Australasia* says: "Lidwill was led to the use of rye bread in diabetes by the craving and empty feeling of which patients on the so-called diabetic diets complained. He found that rye bread is satisfying, stopping that empty feeling, and that patients eat but little of it in proportion to wheat bread, about a loaf and a half sufficing for a week. It contains but little digestible starch; it is laxative; the sugar in the urine diminishes considerably during its use; patients do not tire of it, and it is cheap. Its greatest use is in the milder form of glycosuria occurring in the middle-aged or old."

Pharmacists' Medicine Droppers.—The *New York Medical Journal* quoting from *Presse Medicale* says: Jacobson considers the ordinary medicine droppers used in drug stores to be dangerous instru-

mants, because of their inaccuracies. He finds that the size of the drop which falls from one dropper may be nearly three times the size of a drop of the same fluid from another dropper.

THE CARE OF THE FEET.—Dr. Crawford in an article on the care of soldiers' feet in the *British Medical Journal*, quoted by the *New York and Philadelphia Medical Journal*, says: As a rule, they do not keep their feet as clean as they should; frequent thorough washing should be enforced. If the feet are naturally tender they should be soaked for a time in a solution of alum, salt, or saltpetre, and water the night before a march and zinc or boric acid rubbed over them in the morning. The common causes of inflammation and swelling are rubbing by a seam in the shoes, a wrinkle or projection in the sock, grit in the shoes, and want of cleanliness. Ascertain the cause and remove it; soak the feet in cold water or alum, and see that clean socks are worn after marches. Any tendency to sweaty feet must be attended to; scrupulous cleanliness is necessary, and boric acid or oxide of zinc should be dusted inside the socks every morning. Blisters are caused by irritation from pressure; they should be opened and a pad and bandage applied. A hard corn should be carefully pared and pressure removed by wearing roomy boots. Soft corns are best treated by wearing digitated socks, or by applying cotton-wool between the toes to absorb the perspiration; this converts them into hard corns when they can be appropriately treated. Inflamed corns are relieved by lead and opium lotion. A common cause of chilblains is sitting at the fire with cold wet socks and boots on. The affected parts should be gently rubbed with a stimulating liniment, and thick socks worn. All nails should be cut square. Slight cases of ingrowing toe nail can be cured by pressing a nick of cotton under the nail. Severe cases must be operated upon.

THE THERAPEUTIC USE OF SUNSHINE.—The *Medical Record* in an editorial says: The beneficial effects of sunlight have been known to the peoples of the earth from very early times, and we find repeated references to its use in the writing of the old Greek physicians. The subject was again rejuvenated during the last century and has received considerable scientific attention more recently. The favorable effects of general sun-baths may be traced to the factors of increased perspiration, with a corresponding increase in the excretion of deleterious substances; a prolonged hyperæmia of the skin, resulting in a derivation of the blood from the internal organs to the surface of the body; a stimu-

lation of the metabolic processes; a direct and peculiar action on the blood and the vessels; and finally a bactericidal effect in the superficial layers of the skin. The indications for the use of sun-baths may be found in diseases of metabolism (diabetes, gout, etc.), in congestions in the internal organs (cardiac defects, asthma), and in anæmia, chlorosis, general weakness or protracted convalescence, skin diseases, scrofula and rickets.

Bernhard reports successful cures in lupus from exposure during a considerable period to the rays of the sun alone without the use of any accessories. Furuncles, phlegmonous processes, and all streptococcus infections were greatly improved, and the results in tuberculosis of the superficial glands and joints were very favorable. In addition to bactericidal powers, the sun's rays also possess other therapeutic properties. Epithelial formation is visibly promoted by exposure to the sunlight and flabby granulations are stimulated to renewed and healthy growth. He also notes the favorable action of sunlight in cases where a transplantation of skin flaps has been performed, the adhesion of the flaps and their final attachment being markedly hastened.

The suggestions contained in these are interesting and timely, and among other things may exert an influence upon our present methods of wound treatment. Occlusive dressings have been quite universally employed for both primary and secondary wounds, although there is apparently no reason why, after the danger of infection is once past, factors with such well marked healing tendencies as have been proved to be associated with sunlight and fresh air, should be entirely excluded. Sunlight is an agency which is easily obtained and readily applied and as a therapeutic factor in surgical procedures, it is deserving of more extended attention and study.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK

THE PROGRESS OF GERMAN NURSES

(Continued from page 105.)

I must now tell a little about the various details of work undertaken by a German society of nurses. It will make our home people open their eyes.

Among the statistics kept are: The exact whereabouts of each member, at home or abroad; the numbers in hospital, in private duty, in district work or other work; number of days' work done by each member, and kind of work done, as day or night duty, full duty, massage hours; baths and other treatments given (hourly nursing); visits (as inquiry or reports to physicians) and operations; and further, the number of each one of these items for which full pay was given by the patient, for which lowered rates (as in hospital and district work), and for which no charges were made (as in district and hospital work again). These items are then all tabulated and summed up so as to show the total numbers under each head.

Further than this are most exact statistics showing numbers of members (of course, without names) who have the highest class of government insurance, those who have the lower class, and those who are not in the government insurance. Further, the numbers who are financially independent, partly independent, or sharer in coöperative sick funds.

Further, the numbers who are insured in private companies for capital or annuity, for pension and invalidity, for invalidity only, for illness, for accidents; the numbers of those who have been refused by insurance companies, those who are ready to be insured, and those who are receiving their insurance payments.

All of these statistics must be handed in to the different departments of government dealing with them. Do our nurses ask "Why?" Well, there is a very serious sense of responsibility in German life, and a society of nurses must show that it is a serious and responsible body before it can ask for public confidence. And the German nurses hope to be able to convince their government of many things in the course of time. They also enjoy certain advantages. For instance, members

of the organization, when travelling for health or vacation at their own expense (not on private duty) are entitled to half rates on the railroads, which belong to the government in Germany. There are also certain advantages which they can enjoy as to special rates in sanitaria or "cures."

Provision for old age is a part of the work of the German organization, made with a thoroughness that we would do well to imitate. This is not left, as with us to the carelessness of individual members, but is attended to by the society. First, every member makes known (of course, in strict confidence) her pecuniary position. If she has private means or a well-to-do family, she need not be insured unless she wishes it. But so earnest is the sense of responsibility that, as an example, the Diakonie-Verein does not release itself from this responsibility unless members can show that they possess a certain sum of money invested in first mortgage! so careful are they.

Let us consider the case of a sister without private means. She is first insured in the government insurance against invalidism and against old age. The great point about this is that there is no doctor's examination to pass. Everyone (within certain classes of workers) can and must insure, even though their health already be bad.

It is a system of cards and stamps like our penny saving-funds. The most that can be paid in in a year is about four dollars and fifty cents, and after four years of payments the invalidity rent or pension comes due. It is, of course, not large, but it is something—about fifty dollars a year in the highest class, during ten years, and about seventy-five dollars after that. Old-age pensions, which are due at seventy years, are, of course, not of as much practical importance as these invalidity pensions.

The entire supervision of the cards on which the stamps are attached rests with the Police Department. The stamps are bought and pensions are paid in the post-office. There is much that is very practical in the invalidity insurance. For instance, a nurse living in a certain town was ordered a certain cure by the physician. As there was not a cure of this kind where she lived, the "Landesversicherung" paid her seventy-five dollars to go to Elster and have her cure. Supplementary to government insurance are the private companies. A German organization urges all of its members who can pass the physical examination to insure also in a private company, and it struck me that the arrangements made, for instance, by the German "Anker" life insurance company for nurses were far more liberal, elastic, and varied than ours are at home. Finally, after these two modes of self-help have been attended to, the German

organization says to its members (and this I want to call attention to, for it seems to me immensely sensible and just): "Now, if you have done all that is possible for yourself and are still needy, we will help you to the extent of our resources. But if it can be shown that you have neglected your own self-help, then you must not ask us to take care of you." With this practical and right little weapon they get all of their members to insure their lives in one or both ways described, and then, for help where further help is needed, they collect an Emergency Fund, or "Hilfs Kasse," for their members.

We might well imitate our German sisters in much of their thoroughness and systematic orderliness.

L. L. Dock

REPORT OF THE NURSING CONFERENCE HELD IN LUCKNOW IN JANUARY, 1905

We are indebted to the kind friend who has thoughtfully sent us the deeply interesting report of this conference, and mention now that anyone desiring this report can order it from the Christ Church Mission Press, Cawnpore, or information will be given by Miss Hester Knox, St. Catherine's Hospital, Cawnpore.

At this conference the important step of founding an Association of Nursing Superintendents of the United Provinces and the Punjab was taken, a constitution adopted which is much like that of our Superintendents' Society, and officers elected, of whom Miss Macnaghten, St. Catherine's Hospital in Amritsar, is president, and Miss Knox secretary. The papers read were practical discussions of the training of nurses and hospital management—they are one with the papers written by our own superintendents on these lines, and seem to bring the writers strangely near to us by quoting Mrs. Robb, Miss Snively, and Miss Nutting. One paper was written by Miss K. Faha, a graduate of the University of Pennsylvania Hospital.

The descriptions of the difficulties in the way of teaching the native women are most interesting, being much like the difficulties of our nurse-teachers in Cuba with the added obstacle of the prejudices of caste. In a paper on "Hospital Discipline and Routine" Miss Macnaghten closes by saying: "In my plan of discipline I encourage each nurse to think for herself, and, as I see her able, put her into some post of responsibility. The feeling they are trusted gives them self-respect and a desire to go forward and do more; this, I feel, helps the freer development of character, which, perhaps, has been too little sought by missionaries in days gone by, who have often found it easier to do a

work themselves rather than teach and trust another. Personally I feel very strongly that it is by Indians and not by Europeans and Americans that India must be evangelized, and that, therefore, all work should have that thought and aim in view; and am I too hopeful when I close this paper with the dream, or shall I say expectation, of one day seeing a little group of Indian lady nurses (ones, perhaps, that we have trained), meeting together as we do now, to see how they in their turn can best further the work of improving the standard of nursing among their own sisters? When that day comes we will rejoice, and will gladly, if health and strength permit, go farther afield to the regions beyond, and will feel that our work in India has not been in vain."

ENGLISH HOSPITALS

I REALLY think the prettiest hospital wards I have ever seen are those of St. Bartholomew's. Not the grandest or the most modern, but the most homelike and cheery, the very type and picture of comfort and welcome. They are less like institution wards and more like a home than those of any other hospital that I know of. They are square, and not too big, with a chimneypiece in the centre, with two open fireplaces in it, one on each side. These fireplaces are like those of some fine old colonial house, each having a stately, tall, shallow mantelshelf of severest classic lines above it. As the log in person is too much trouble, a green porcelain tiled open-grate arrangement in each fireplace holds a big bed of soft coals, cheerfully burning. The mantels and walls are painted green, the beds are white enamel, and the floors stained hard wood, rather light in color.

The feature that to me is so charming in these wards is their color effect. First, in a medical ward that I saw (some strict bacteriologists may faint here), big square Persian-effect rugs lie before each fireplace. Then, the beds have a quaint, old-time fixture by which they may be curtained. The curtains are of blue and white checked gingham, and when not in use hang straight against the wall at the back. The bedspreads themselves have colored borders or lines, a real old-fashioned country-house type, and the convalescent patients have red blankets on their chairs. The high mantels and all the tables have many (not one or two, but many) big blue Canton jars for flowers, and these are always full. The way the English nurses arrange their flowers is something quite a specialty of their own. Then there are one or two pictures on the walls (in medical wards) and a canary in a cage, and great, comfortable, black leather-covered and stuffed armchairs before the fires, and brass andirons, fenders, buckets, and tongs. The nurses' uniforms are of

plain, dark blue linen, with, of course, all the white adjuncts, and all the little patients' braids are tied up with blue or red bows. The surgical wards are rather more severe, but still full of color. When one sees such cheerful wards it seems quite right to find the rooms of the ward sisters opening right out of them, especially as they are as pretty and comfortable as in any private house. Some of the sisters have been in charge of their wards for many years, and one could no more imagine them anywhere else than one could imagine a devoted mother anywhere else than at the head of her family. Two of these mother-sisters whom I met seemed to me the ideal nurse, all that she can and ought to be. It is no wonder the eyes of the French doctors stood out of their heads when they visited the English hospitals, and if any of the English doctors have ever failed to appreciate their blessings they will certainly do so no more after making their return visit to Paris.

Although in the newer English hospitals the sisters no longer sleep near their wards, yet the practise of giving them a private room just off the ward is quite cherished, and seems to be a part of the great respect accorded to the position of sister and of her permanence in her ward. For instance, Miss Mollett's beautiful new wards at Southampton each have a charming little sitting-room (not office) for the sister, where she may, if she wishes, receive a guest and have her afternoon tea. In the Royal Infirmary in Edinburgh, a magnificent and enormous hospital with lavish space for everything, the sisters also have very beautiful little sitting-rooms. I was rather amused here to find that Miss Spencer regards it as a lack of confidence in the head nurses when hospitals fail to supply these sitting-rooms. That is, of course, not the case, and I must wonder what our hospital architects would say if they were expected to give up these little rooms which would be so nice for specials. Whatever the arguments for and against may be, two conclusions are plain. First, that although in America we have such an enormous country we seem never to have room enough for our buildings and workrooms, and, second, that the English people bring the home atmosphere into their hospitals more than is done in other countries.

The French Nursing Journal is discussing the "Matrone" with much interest. There are no "Matrons" (superintendents of nurses) in the French hospitals, and the physicians who have visited England now realise how important they are and how much the Paris hospitals need them. Dr. Felix Regnault says that sooner or later it will be understood how seriously this deficiency has hampered the development of French training-schools.

ITEMS

St. Bartholomew's League is having a course of ten lectures on Bacteriology this winter, which non-members may attend by payment of twenty-five cents. The Irish Nurses' Association is having, among other lectures, a history of vaccination.

A bill providing for the State Registration of Nurses is being brought before the House of Assembly of Tasmania, with the support of nurses and physicians. Miss Milne, of the General Hospital, and a Vice-President of the International Council, has been the chief mover in this advance.

It is most encouraging to see that French nurses are beginning to write to the nursing journal and express their views. This is a very recent thing. The French nurses are also urging the authorities to give them a woman head, with suitable assistants, so that each nurse may hope to rise by merit through the various grades of junior, senior, head nurse and assistant to the matronship or head of the hospital service, and that so there may be a nursing staff "worthy of the name."

The Provisional Committee of the National Council of Nurses of Great Britain and Ireland, meet in October, in London, when a most encouraging showing of membership and general interest was made. The membership now includes Seven Leagues or Alumnae Societies, the Registered Nurses' Society, the Society for State Registration, the Irish Nurses' Association, and the Matrons' Council, and totals 3,000 odd nurses. Next May at the annual meeting a constitution will be finally adopted. This is the English group which has affiliated with German and American nurses in the International Council and the plan now is to have an informal meeting in Paris in June 1907.

The associated nurses of Victoria, in Australia, have established a Board of Examiners under their voluntary registration plan, and they have begun the examination of nurses who desire the recognition of the association. Out of 56 examined, not long ago, three were rejected, but had not the examinations been made very lenient at the outset more would have fallen through. The medical editor of "Una," the Journal of the association, is a man of great liberality of view, who expresses the hope that in time "Una" might be entirely managed by nurses, and written by nurses for nurses. That, he said, was the line on which the best English and American nursing journals were conducted.

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

DEAR EDITOR: The majority of your correspondents in writing on the subject of trained nurses, versus untrained nurses, seem to agree that the graduate nurses are to blame for the present state of affairs. If such is the case, are not the training schools at fault? First, in accepting as pupils women who are not fitted for the work, and then in not requiring a sufficiently high standard of work before granting their diplomas, and in not giving enough time or attention to the training of pupils for private nursing.

The State registration of nurses, which will mean that all training schools must conform to a higher standard of training for their nurses than is now required in many schools, will in part, remedy this evil.

Nursing in private families is certainly very different from hospital work, but I do not agree with one of your correspondents who writes that "the only way to learn private duty is to do it." But I do think, however, that in even our best training schools, the teaching of private nursing is sadly neglected. Many of the superintendents and teachers have had little or no experience in private work and cannot realize the difficulties to be overcome, or the importance of the many little things which make or mar, the success of the nurse in a private house.

Would it not be possible to give each graduating class the benefit of a few talks on private nursing, given by some successful nurse in active practice? Surely each superintendent could find among her graduates nurses who would be capable, and I should think, glad to give such a talk .

The pupil nurse would in this way, get a better idea of what is expected of her in private duty and profit by others' experience, and so be spared some of the blunders many of us have made in our first years of private work.

It seems to me this would be a better way of meeting the difficulty, than returning to the old method of sending the pupil nurses out to cases which rightly belong to the graduates. E. F. D.

[This writer makes a very practical suggestion. Alumnæ Associations might suggest this to their schools.—ED.]

DEAR EDITOR: I enjoy the JOURNAL very much and could not do without it. It has been some time since I have seen any news from Kansas City. But it is not because there are no nurses or that they are not busy.

The Kansas City Association of Graduate Nurses has a meeting once a month. One of the features of each meeting is a lecture by some prominent doctor. In this way the doctors become acquainted with the association and with the nurses personally as welll as furnish an instructive variation for the nurses, most of whose lecture course stopped with their hospital training.

We have a register of forty-six names. So with four or five calls a day, which often happens, the nurses can be kept busy from this register alone.

We are working, hoping and waiting for State registration. E. T.

DEAR EDITOR: Was it a "mind-wave" that caused protests and warnings to nurses against the lay nursing press to sound almost simultaneously in several quarters last month? At the Niagara meeting and the Toronto conference I made the very points made in the British Journal by an English Matron at almost the same moment—that all publications controlled by nurses are sound and solid on all questions of ethics and progress, whereas, the lay press is without exception hostile to the union and co-operation of nurses for their advancement, opposed to state registration, the enemy of independence and self-government, and the fomenter of discord and distrust. At nearly the same time Dr. Felix Meyer, in Australia, was advising the nurses of Victoria to control and write their own journal.

The lay nursing press of England is especially mischievous, and it is perfectly astounding that in an Anglo-Saxon country the nurses should encounter opposition of precisely the same character that the "Intellectuals" of Russia encounter in their strivings for freedom;—only different in degree— not in kind.

Intimidation, browbeating, secrecy and underhandedness in attack, anonymity, the copious use of money, the effort to break down freedom of expression. These are the tactics of the lay nursing press against which nurses who are working for organization, self-government, higher education, and legal status must defend themselves and stand.

And they will do it, too, for progress cannot be stayed.

L. L. DOCK

[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]

EDITOR'S MISCELLANY

NURSING CARE OF THE GREAT MIDDLE CLASS.—MISS SOPHIA F. PALMER in discussing the question of nursing care for the great middle class at the Portland conference said in part:—

"The question of nursing care for the great middle class is an economic one, a question of supply and demand. When the time comes that there are more nurses for the rich than the rich require, and that all of the nurses in the world cannot be sure of commanding from $18 to $30 per week for their services, they will be compelled to accept the more moderate fee which the middle classes are able to pay.

"More than that, there is an awakening responsibility of an ethical and professional character becoming manifest in the great nursing body and with standards of education established largely through the influence of nursing organizations and state registration, nurses are beginning to feel that the care of the poor and the great middle class are to become a professional responsibility for nurses, in exactly the same way and degree that it is a professional obligation for the physician.

"In other words, nurses in the future will abandon the fixed charge of say $25 per week and will make their fee according to the circumstances of the person for whom they are working—for one man $5 and for another $100. This change will come without aid from philanthropists or district nursing associations but as a matter of evolution."

THE MOVEMENT FOR MORAL PROPHYLAXIS.—A definite initial stage may be said to have been reached in what promises to be an important movement in this country, in a meeting October 12, of the Society of Sanitary and Moral Prophylaxis at the New York Academy of Medicine. The work accomplished by the parent French society of the same name was presented by Dr. E. L. Keyes, Jr., and the nature, scope and character of the agencies that should provide education in matters relating to the sex functions were discussed by Dr. Prince A. Morrow, Dr. Keyes, the Rev. Dr. Lyman Abbott, Dr. Luther R. Gulick, of the Board of Education, and Dr. P. M. Balliet, dean of the School of Pedagogy of New York University.

All speakers bewailed the mystery and ignorance prevailing, concerning this subject. There was, however, a general consensus of opinion that the social vice and the diseases resulting from it are very prevalent; that ignorance is largely to blame for this, and hence education by the proper agencies is the most effective remedy; that parents are the best teachers of these subjects to their children, and that they are often condemning their children to lifelong misery by a false modesty concerning this most delicate subject; that individual instruction begun before the age of puberty is absolutely the most useful, but that students in the secondary schools and especially young men in colleges can be benefited by a good book or good lecture dealing with the subject in a frank, but wholesome way.

The meeting was well attended, and there was evidence of general co-operation from those who feel a concern for the higher physical and ethical life of the people.—*Charities.*

Feeding and Draining the Intestine Through Laparotomy Wound.—The *Journal of the American Medical Association*, quoting from *Deutsche Medicinische Wochenschrift*, says: "For five years von Stubenrauch has been supplying nourishment to certain laparotomy patients by injecting a nourishing fluid into the intestine while it is exposed during the laparotomy. He reviews the drawbacks of nutrient enemata and the frequent lack of absorption, and then describes his experience in fifteen cases in which he drew a loop out of the laparotomy wound, choosing one a yard or more from the seat of operation and while it was outside the abdomen he punctured and evacuated its contents, substituting them with a quart of milk containing the yolks of eggs, salt, sugar and other ingredients. No mishap occurred in any case, and the patients were thus nourished from the start, without taxing the stomach or wasting time on nutrient enema. This injection stimulates peristalsis, which is liable to be more or less inhibited by the operation. He is careful not to stimulate it too much, and for this reason avoids large amounts of sugar, alcohol and salt in the fluid introduced. A very much debilitated patient is prepared by rectal injection of a solution of sugar and salt in small amounts repeated several times during the day, or by subcutaneous saline infusion or subcutaneous injection of olive oil. During the laparotomy, about a quart of the intestine food is introduced, and afterward a pint of saline solution is poured into the abdomen and a quart is injected subcutaneously. Nothing is allowed by the mouth during the first twelve hours, but the mouth is rinsed

out occasionally. After twelve hours, tablespoonfuls of cold tea are given and after the second day milk, etc., several times during the day in small amounts. In cases requiring artificial feeding for only a few days, he sutures the loop of the intestine to the abdominal wound so that food can be introduced directly into the intestines as needed, but if the artificial feeding has to be kept up for some time he makes a fistula according to the Witzel, Albert or Maydl technic. This suturing of the intestinal loop to the lips of the wound has proved a life-saving measure in several cases of ileus, allowing gradual evacuation of the gases and fluid intestinal contents, through a metal cannula. He covers the exposed intestine with a disinfecting paste. He describes his technic in detail and cites a number of cases which have established its benefits."

INTESTINAL ANTISEPSIS: ITS THEORY AND APPLICATION.—The *Alkaloidal Clinic* says: W. C. Abbot claims for intestinal asepsis the reduction of the number and potency of the pathogenic bacteria in the intestine by the use of appropriate remedies, not the rendering of the canal entirely aseptic, a thing that is manifestly impossible. The debris of ingested food becomes, in deranged conditions of health, a nidus for the growth of germs. In most acute diseases food is not assimilated, the body chemistry is deranged, and the intestine becomes full of fermenting material ready for the growth of germs. Poisons are absorbed along the course of the intestine, and produce their toxic effects. Constipation causes this fermenting mass to remain in the bowels, or a part is rejected, leaving plenty behind in the folds and pockets of the intestine. The first thing to be done to render the intestine less septic is to remove as much as possible of the contained material, by the use of moderate doses of calomel. This at the same time stimulates the intestine and the liver, and causes the peristaltic action of the bowel to be encouraged. A saline is then given, causing an excess of serum to be poured out, and the stomach and intestine are made clean for the action of the sulphocarbolates, which are inimical to all germs, while at the same time not harmful to the most delicate membranes. Those used are the sulphocarbolates of zinc, lime, and soda, separately, or in combination. Under their use hyperpyrexia lessens, tympanites and foul tongue pass away. Digestive and febrile diseases of all kinds should be treated in this way. The sulphocarbolate of zinc may be given one grain, repeated every half hour or two hours, gradually increasing to 5 grains at each dose. Even two drachms in 24 hours may

be taken without harm. When they have had the desired effect the stools are no longer black from bismuth combined with the sulphocarbolate, but take on a gray and then a normal brown color. The zinc is more astringent and antiseptic, the soda more antacid while chronic cases with cachexia find the lime salt act as a tonic nutrient. The sulphocarbolates are very soluble, and hence are most useful. Assimilation soon begins to improve, and the microscope fails to find bacteria in the stools. Absorption occurs, not of poisons, but of properly digested foods. Opiates and anodynes in such cases only lessen the pain and do not do away with the poisoning.

High Injection into the Intestines.—The *Journal of the American Medical Association*, in an abstract of a paper in *Berliner Klinische Wochenschrift* says: "Years of experience have confirmed von Aldor's previous announcements in regard to the great benefit to be derived from injections carried high into the bowels. He uses a soft Nélaton sound, like a stomach tube, and guards against its rolling up at the sigmoid flexure by digital examination. The patient lies on the left side. Experiments with tubes coated with bismuth in a mixture of oil, glycerin and gum arabic showed that the tubes actually made their way into the higher parts of the gut, as could be seen by the *x*-rays. He gives two illustrations, one showing the wrong way to introduce the tube and its rolling up in the ampulla, the other showing the right way and the course of the tube as it reached the higher regions. The walls of the intestines can be treated just where desired through the tube, and medicated fluids introduced. When the fluid is injected without a tube, most of it accumulates in the lower bowel and very little, if any, finds it way to the higher regions. High injections of Carlsbad water have proved exceedingly useful in certain cases.

Treatment of Obesity in Children.—Ogier recommends potatoes and fluids in abundance with avoidance of fat and sauces. An obese boy on these restrictions lost ten pounds in the course of a month. The nitrogen balance was kept up on nitrogen taken in excess.

OFFICIAL REPORTS

[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

ASSOCIATED ALUMNÆ REPORTS

A limited number of reports of the Eighth Annual Convention of the Nurses' Associated Alumnæ held in Washington, D. C., in May, 1905, have been printed.

Copies can be had on application to the secretary, Miss Nellie M. Casey, 814 South Tenth Street, Philadelphia, Pa., enclosing ten cents to cover postage and cost of report.

There are also a large number of the reports of the Buffalo Congress still unsold.

NEW JERSEY.—The New Jersey State Nurses' Association Fourth Annual Meeting will be held in the Hasbrouck Institute, Cor. Crescent and Harrison Ave., Jersey City, N. J., Thursday, Dec. 5, 1905, at 2:30 P. M.

MARY E. ROCKHILL, Secretary.

VIRGINIA.—The Graduate Nurses' Examining Board of Virginia will hold examinations for the registration of graduate nurses on Tuesday, December 5th, at 9.30 A. M. at the Danville General Hospital, Danville, Virginia, and at the Atlantic Hotel, Norfolk, Virginia.

All nurses desiring to take this examination will kindly notify the Secretary, Mrs. Leah de Lancey Hanger, 7 Waverly Boulevard, Portsmouth, Virginia.

STATE MEETINGS

PENNSYLVANIA.—The Graduate Nurses' Association of the State of Pennsylvania met at Newcastle, Pa., on October 18, 19 and 20, 1905.

The first session opened at two o'clock on Wednesday afternoon. Miss Constance V. Curtis, the first vice president, was in the chair, owing to the unavoidable absence of Miss Anna E. Brobeon, the president, who has taken up institutional work at Omaha, Nebraska. Prayer was offered by the Rev. J. W. Campbell. The Hon. Louis Hainer, the mayor of the city, made an address of welcome and Dr. Montgomery Linville addressed the nurses.

One of the most enjoyable features of the meeting was the paper on "Civic Sanitation," delivered by Mrs. Johanna Von Wagner, Sanitary Inspector of Tenements of Yonkers, N. Y. Mrs. Von Wagner was the honored guest of the Association for the remainder of the session.

At this meeting 94 new members were admitted.

The Lawrence County Nurses' Association gave a reception on Wednesday evening.

The executive session commenced on Thursday. The morning session was taken up with the reading of the reports of officers and committees.

Thursday afternoon was devoted to the annual election of officers and other routine business. A most satisfactory board has been secured: President, Miss M. Margaret Whitaker, 1902 Green Street, Philadelphia, Pa.; first vice president, Miss Mary J. Weir, South Side Hospital, Pittsburg, Pa.; second vice president, Miss Mollie Malley, Philadelphia Hospital, Philadelphia, Pa.; secretary, Mrs. Edwin W. Lewis, 823 Second Street, Braddock, Pa.; treasurer, Mr. William McNaughton, 265 Emerson Street, Pittsburg, Pa.; chairman of membership committee, Miss Mollie A. Cummiskey, 1033 Tioga Street, Philadelphia, Pa.; Directors, Miss Anna E. Brobson, Clarkson Memorial Hospital, Omaha, Nebraska; Miss Emily Gaskwell, 1013 Green Ridge Street, Scranton, Pa.; Mrs. Harriet Cochran, Shenango Valley Hospital, Newcastle, Pa. Miss Maude W. Miller, 634 Maple Lane, Sewickley, Pa., was again appointed assistant secretary and press agent.

Immediately following this meeting all were invited to a trolley ride in special cars and were taken over every line in the city and to the beautiful Cascade Park.

The members of the Wednesday Morning Musical Club kindly hastened the date of their annual musicale that the convention might enjoy it. This was given on Thursday evening.

The first business on Friday morning was the installation of the new officers, followed by the planning of work for the coming six months, and a directors' meeting.

Invitations for the April meeting were received from several Eastern cities, but Altoona, Pa., seemed to need us most. Several papers on topics of interest are being prepared for reading at that time.

The Shenango Valley Hospital and several of the many industries of the city were visited. The members felt that they had had both an enjoyable and profitable meeting.

MAUDE W. MILLER, Press Agent.

CANADA.—A most enthusiastic meeting, under the auspices of the Graduate Nurses' Association of Ontario, was held in the theatre of the Normal School, Toronto, on Thursday, October 19. Miss M. A. Snively, superintendent of the Toronto General Hospital, occupied the chair and introduced the speakers of the evening in a very graceful manner.

Miss Lavinia Dock, honorary secretary of the International Congress of Nurses, who has just returned from abroad and who has spent many years in studying the whole question of "State Registration for Nurses," gave the address of the evening. Mr. Cameron, M.B., LL.B.(Edin.), represented the medical profession and was followed by Mrs. Willoughby Cummings, secretary of the National Council of Women, who represented the public. In spite of the heavy rain a large and appreciative audience of graduates and undergraduate nurses greeted the speakers. The lady superintendents with their classes of pupil nurses were present from Grace Hospital, Riverside Hospital, Hospital for Incurable Diseases, and the Orthopedic Hospital. St. Michael's Hospital was also well represented.

The large number present and the unanimous spirit displayed we take as an augury of success in securing state registration for the Canadian nurses.

REGULAR MEETINGS

TEWKESBURY.—The Alumnæ of the Massachusetts State Hospital held their annual meeting October 5th, when officers of the year were elected.

BROOKLYN, N. Y.—The graduates of the New York School for Training Nurses, connected with the Prospect Heights Hospital and Brooklyn Maternity, have organized an Alumnæ Association of forty-three members.

PHILADELPHIA.—The Alumnæ Association of the Woman's Hospital held a regular meeting on November 8. Among the subjects discussed was the proposed club house for Philadelphia nurses. The next meeting will be held on December 13.

NEW YORK.—At the October meeting of the Alumnæ Association of the Roosevelt Hospital Training School for Nurses, Mrs. Dita H. Kinney, Superintendent of the Army Nurse Corps, gave a very interesting talk about the duties and life of the army nurse.

READING, PA.—At the regular meeting of the Alumnæ Association of the Reading Homœopathic Training School held Sept. 6th the furnishing of a room in the new addition of the hospital was discussed at length; further action will be taken at the next meeting.

PHILADELPHIA.—The regular monthly meeting of the Jefferson Hospital of Philadelphia was held on Wednesday afternoon, October 11th, 1905, at 1227 Arch Street. Quite a number of members from other cities were present and the work of the fall was taken up after two months' vacation.

BROOKLYN, N. Y.—The two fall meetings of the Brooklyn Hospital Alumnæ were held in October and November respectively. Owing to the absence of many members very little business was translated.

It is hoped that with the next meeting a busy season will begin and the endowment fund be completed.

NEW YORK.—The Seventh Annual meeting of the German Hospital Association was held on October 3, '05, the second meeting on November 7, both meetings being well attended.

Officers elected for the coming year: Mrs. Lavinia Keller Chapmann, President; Miss W. Augenstein, Miss M. Mayn, 1st and 2nd Vice-Presidents; Miss Katie Mertenson, Secretary, 1107 Lex. Ave.; Miss Emma Deuning, Treasurer.

ANN ARBOR, MICH.—The Nurses' Alumnæ of the University of Michigan Training School for Nurses held its first meeting of the fall session at the Nurses' Home, Ann Arbor, Michigan, October 27th, 1905, at 3.30 P. M. A committee was appointed to make arrangements to hold a meeting November 24th for the purpose of organizing a Washtenaw County Graduate Nurses' Association.

BROOKLYN.—The semi-annual meeting of the Graduated Registered Nurses' Association of the County of Kings was held on Thursday, October 5th, 1905, at the Kings County Medical Building, Miss O'Neill, the 1st Vice-President, presiding. It was with regret that the resignation of the President, Miss Montieth, was read and accepted. The nominating committee for the election of officers for the coming year was elected. The meeting was well attended.

BRIDGEPORT.—At the annual meeting in October of the Bridgeport Hospital Training School Alumnæ the following officers were elected: Miss Helena T. Kelly, President; Miss Elizabeth G. Collins, 1st Vice-President; Miss Josie V. Scanlon, 2nd Vice-President; Miss Elim Lavery, 3rd Vice-President; Miss Jennie M. Campbell, Rec. Secretary; Miss Elizabeth V. Suckley, Treasurer; Miss Emma Elise Evers, Cor. Secretary.

PHILADELPHIA, PA.—The regular monthly meeting of The Alice Fisher Alumnæ was held at the Club House, 804 Pine St. 32 members were present. Three new members were elected and one proposed for membership. The various committees reported progress.

A very interesting discourse was given by Mrs. A. R. Ramsey of The Juvenile Court. Tea was served. The next meeting will be the first Monday of December.

PITTSBURG, PA.—The Nurses' Alumnæ of the Western Pennsylvania Hospital were pleasantly entertained Tuesday afternoon, November 7, 1905, at the home of Dr. Clyde O. Anderson, Frankstown ave. Miss Helen Hunt was present and gave a very interesting report of the State Graduate Nurses meeting held at New Castle. After the regular business meeting Mrs. Anderson, the president, displayed her usual hospitality and all enjoyed the social programme and refreshments.

BROOKLYN, N. Y.—The regular quarterly meeting of the Alumnæ Association of the Methodist Episcopal Hospital of Brooklyn, N. Y., was held at the Hospital Oct. 11th. The President, Miss Waterman, was absent. Twenty-one members were present. Eight new members were proposed for membership. The membership now numbers ninety-seven.

Discussion was held on ways and means for raising money for the Endowment fund.

PHILADELPHIA.—The regular monthly meeting of the Jefferson Hospital Alumnæ Association was held on October 27th at the Nurses' Home, 226 South 7th Street. Officers for the ensuing year are: President, Miss A. R. O'Laughlin;

1st Vice-President, Miss H. R. Morrow; 2d Vice-President, Miss M. A. Jamieson; Treasurer, Miss S. J. Martin; Secretary, Miss O. E. Macumber; Assistant Secretary, Miss A. L. Graham.

South Bethlehem.—The eighth annual meeting of the Alumnæ Association of St. Luke's Hospital was held at the Hospital on October 18th, fifteen members being present. After the routine work was finished and the usual amount of money voted to Miss White, the Superintendent, for use in the Home, a motion was made and carried that each member of the Alumnæ should, during the coming year, see how much she could collect or make toward a fund for the endowment of a private room for sick nurses, and report at the next meeting. One new member was admitted.

Buffalo.—The regular meeting of the Buffalo Nurses' Association was held Nov. 4th. In the absence of the Pres. and Vice Pres. Miss Ida Gardner was elected chairman. Three new members were elected and two applications received. After the regular business, plans for the Fair to be held the first week in December, were discussed. The proposed Fair is to raise funds for the club house and great enthusiasm was manifested by the members as well as the Committee of which Mrs. Harnet Durr Storck is general chairman.

Several members of the association attended the meeting of the New York State Association of Nurses at Niagara Falls the middle of October.

Cincinnati, Ohio.—The quarterly meeting of the Cincinnati Hospital Alumnæ was held October 2d, 1905, Miss Isaminger, Vice-President, presiding in the absence of the President, Mrs. Hartzell, who has accepted the Superintendentship of the City Hospital, Springfield, Ohio. After the routine business had been transacted, a motion was made by Miss Fisher, that a "Call Meeting" be appointed for November, the object being to discuss the advisability of changing the meetings from quarterly to monthly. Miss Emrie read Miss Sophia F. Palmer's paper given before the Federation of Nurses at Washington on "The Effect of State Registration upon Training Schools," which brought out a general discussion.

Philadelphia.—The Philadelphia County Nurses' Association will hold its meetings quarterly in the future instead of monthly. The first meeting was held in the Club Room, 260 Fuller Building. The President, Miss Lucy Walker, was in the chair. Miss Whitaker, president of the Pennsylvania State Society, gave an account of the reception of the nurses in New Castle and made an encouraging report of the work accomplished, and urged upon all present the necessity of working with renewed energy for State Registration. After tea was served a paper prepared by Miss Martha Smith, entitled "How best to obtain Rest by Work," was read. Particular stress was laid on the necessity of relaxation and change of occupation. A general discussion followed. It is proposed to have similar papers and discussions at the future meetings of the Association, so that the power of the County Organization may be felt in educational as well as

social work. Tea is served in the club room every Friday afternoon from 3 to 6 P M.

Chester County, Pa.—A meeting of the Chester County Nurses' Association was held in the Phœnixville Hospital Wednesday, Oct. 11th, 1905.

The meeting was called to order by the President, Miss Constance V. Curtis. Those present were: Miss Curtis, Miss Quenville, Miss Wolderhold, Miss Baker, Miss McCausland, Miss Evans, Miss Paiscon, and Miss Stevenson.

The secretary being absent, Miss Curtis appointed a secretary pro tem. After the reading and approval of the minutes, the question arose as to the advisability of continuing the county association. The motion was made and carried that the association be continued, with an initiation fee of fifty cents and annual dues of ten cents. Miss Quenville was appointed delegate to the third annual convention of the Graduate Nurses' Association of the State of Pennsylvania held in Newcastle, Pa., Oct. 19th, 19th and 20th, 1905.

It was decided that the same officers continue to serve until the annual meeting, which will be held in the Coatesville Hospital the first Thursday in February, 1906.

BIRTHS

At Detroit, Mich., November 8th, 1905, to Dr. and Mrs. Cunningham a son. Mrs. Cunningham was formerly Miss Margaret Hollihan, a graduate of St. Mary's Hospital, Class of '02.

On Sept. 7, a son to Mr. and Mrs. Jacob Barnes of Allentown, Pa. Mrs. Barnes was Miss Katharine Kay Hume, graduate of St. Luke's Hospital, South Bethlehem, Class of 1903.

July 24, 1905, in Indianapolis, Ind., to Mr. and Mrs. Charles A. Brown, a daughter. Mrs. Brown was Miss Belk, graduate of Indianapolis, Ind., City Hospital Training-School for Nurses, Class of 1897.

MARRIAGES

At Valley City, N. D., August 24, Miss Florence Hallock to Dr. J. VanHouston.

On October 4, at the Tewksbury parsonage, Miss Mary H. Meikle, Class of 1901, to Mr. W. Percy Daniels of Hyde Park, Mass.

August 16, 1905, Miss Ada L. Hirth, graduate of the University of Michigan Training-School, Class of '99, to Mr. Charles Emery Mahoney.

At Erie, Pa., Sept. 14, 1905, Miss Sophie Love Evans, graduate of the University of Michigan Training-School, Class of 1900, to Dr. Clarence E. Good.

At St. Mary's Church, Penacook, New Hampshire, Miss Eva May Emery, graduate of the New Hampshire Memorial Hospital, to Mr. Edgar E. Crosby.

At Brookline, Mass., October 18, 1905, Miss Anne Durling, graduate of the Massachusetts General Hospital Training-School, to Mr. Frederick Henshaw Pollard.

On June 13, 1905, at Ann Arbor, Mich., Miss Katharine Scott, graduate of the University of Michigan Training-School, Class of '99, to Dr. George G. Richards.

At Sharon Hill, Pa., October 26, 1905, Miss Lydia Cook Folwell, graduate of Jefferson Hospital, Philadelphia, Class of 1903, to Dr. Charles Armory Dexter. At home in Columbus, Georgia.

In New York City, October 10, Miss Laura Grandjeau of Pass Christian, Mississippi, to Mr. John Stewart Lowry of New York. Miss Grandjeau is a member of the Johns Hopkins, Class of 1902.

At Quakertown, Pa., October 5, 1905, Miss Florence Haldeman, a graduate of Jefferson Hospital, Philadelphia, Class of 1900, to Mr. Alexander Bonbright Hood. Mr. and Mrs. Hood will reside in Connellsville, Pa.

On October 10, at Saint Augustine Church, Andover, Mass., Miss Annie G. Kelly to Mr. John R. McDonald, both of Tewksbury. Mr. and Mrs. McDonald will be "at home" in Tewksbury after December 1.

At Lancaster, Pa., October 18, 1905, Miss Anna Blanche Lichty, a graduate of Jefferson Hospital, Philadelphia, Class of 1904, to Mr. B. Frank Snavely of Lancaster. Mr. and Mrs. Snavely will make their home in Lancaster.

Miss Grace Rundell, a graduate of Roosevelt Hospital and for the past two years assistant superintendent of that training-school, was married to Mr. Harry Epps at the home of her mother at Boiceville, New York, on September 26.

In Denver, Col., October 18, Miss Nina Maude Burke to Mr. Wallace Walker Coffey. Mrs. Coffey graduated from the School for Nurses of the Northwestern University, Class of '95, and served three years in the Army Nurse Corps.

In Manila, August 30, by the Rt. Rev. Bishop Brent, Marjorie Kirkpatrick, only daughter of the late Charles A. Kirkpatrick, Major, Surgeon, U. S. Army, to Merrick W. Creagh, of the firm of Castle Bros., Wolf & Sons, of Manila. Mr. and Mrs. Creagh will be residents of Manila.

Miss Magdalene Voor, German Hospital, Class '02, was married at the home of her brother-in-law, Dr. Haydeman, Hicksville, N. Y., Oct. 29, to Mr. T. Steiger, Surveyor and Civil Engineer. After a short wedding trip to Niagara Falls and Canada Mr. and Mrs. Steiger will reside in Brooklyn.

In St. John's Episcopal Church of Elizabeth, New Jersey, on the afternoon of Saturday, October 28, 1905, by the Rev. Otis A. Glazebrook, D.D., Alice King Suydam, daughter of Colonel Charles C. Suydam and the late Eliza Gracie Suydam, to Joseph Howland Bigley. Miss Suydam, who is a member of the Johns Hopkins Hospital Training-School Alumnæ, had been doing private nursing ever since her graduation in 1903 and to within three months of her marriage.

OBITUARY

At the Methodist Episcopal Hospital of Brooklyn, N. Y., September 13, 1905, Mabel M. Gaskin, Class of 1906, after a week's illness of pneumonia and meningitis. Miss Gaskin was a sister of Miss Margaret B. Gaskin, Class of 1901.

May 20, 1905, in Indianapolis, Ind., Miss Alice Rogers. Miss Rogers was for several years with the Union State Hospital in Indianapolis, but resigned that position on account of failing health. She was a graduate of Bellevue Training-School, New York.

In October, in Canada, of tuberculosis, Leila McCallum of Ontario. Miss McCallum graduated from the Johns Hopkins, Class of 1900, and gave her life for her work, contracting her disease while doing district nursing. "Greater love hath no man than this, that he lay down his life for his friends." "He who loseth his life for my sake, shall find it."

Suddenly, in St. Louis, on October 20, Mrs. Katherine Stafford Bettle.

Mrs. Bettle was a graduate of the Cincinnati Hospital, Class of '98, and previous to her marriage was engaged in the practice of her profession in Pittsburg, Pa. The funeral services were held at the home of her mother in Aurora, Ind., her babe of a few hours being buried with her.

It was with greatest regret that the members of the Alumnæ Association of the Jefferson Hospital Training-School, Philadelphia, learned of the sudden death of Miss Elmira Bennason, which occurred July 8, 1905, after an operation and a few days' illness.

Miss Bennason graduated from the Training-School in the Class of 1904, and had been nursing in Philadelphia since her graduation.

Resolved, That we as an association have lost a sincere friend, and a loyal member.

Resolved, That we sympathize with her family in their bereavement.

Resolved, That a copy of these resolutions be sent to the family and the American Journal of Nursing.

Helen Reid Monnow,
Olive E. Macumber,
Committee.

At the meeting of the Alumnæ Association of St. Luke's Hospital Training-School for Nurses held on September 19, 1905, the following resolutions were adopted:

Whereas, Since our last meeting, it has pleased God in His All-Wise Providence to remove one of our members, Mrs. Marion Copeman; therefore

Resolved, That we tender to her mother and daughters the expression of our association's deepest sympathy with them in their bereavement and that we all very sincerely feel the loss.

Resolved, That a copy of these resolutions be sent to her family and to the AMERICAN JOURNAL OF NURSING; also that a record of the same be entered on the minutes of the society's meeting.

CLARA L. SPALDING,
Recording Secretary.
ESTHER L. NORTON,
Corresponding Secretary.

THE Alumnæ Association of the University of Pennsylvania Hospital desires to place on record its sense of deep sorrow and personal loss in the death of our beloved associate, Miss Carolyn T. Dunn, Class of 1900, who died at Wilmington, Del., October 8, 1905, of typhoid fever.

Her classmates can recall that she displayed, throughout her course, the industry, conscientious spirit and entire devotion to the work in hand, which later characterized her years of work as a nurse and made her services so signally efficient.

From her patients have come continuous affectionate recognitions of her skill and sympathy and grateful appreciation of her ministration, for their relief and recovery.

All who knew her realized that her successful work was due not only to her personal attractiveness and thorough preparation, but as well to her high personal character of earnest Christian purpose and loving zeal in all good works.

To us, her Alumnæ associates, her loss is felt with special keenness. Her energy and her high conception of our work as nurses was a constant inspiration.

We offer her family our heartfelt sympathy with them in their sad bereavement, and assure them that we shall always cherish their daughter and sister in affectionate remembrance; and

"In His gracious keeping,
Leave we now His servant sleeping."

Resolved, That a copy be sent to the family, and to the AMERICAN JOURNAL OF NURSING for publication.

MARY E. STOCKDALE,
LYDIA A. GIBSON,
ESTHER C. HOOVER,
Committee.

AFTER a painful and lingering illness, the death of Mrs. Gilligan (née Miss Jessie McNeill), wife of Dr. Alex. Gilligan, of 932 Bedford Avenue, Brooklyn, has caused deep regret and widespread sympathy among the associates of the Nurses' Alumnæ of the Brooklyn Hospital Training School for Nurses.

At the regular meeting of the Alumnæ, held at the Training School, November 7, the following resolutions were passed:

"That we, as an association, have lost a beloved member and an ardent well wisher.

"That her husband, parents and friends have our most heartfelt sympathy in this, their great loss.

"That copies of these resolutions be sent to her husband and to her family.

"That a copy be recorded in the minutes of this association."

We the members of the Graduate Nurses' Association of the State of Pennsylvania, bowing in humble submission to the will of Him, who doeth all things well and acknowledging His wisdom and all merciful power in removing from our midst Mrs. Katherine Bennett, Miss Carolyn Dunn and Miss Mary Jacoby, therefore be it

Resolved, that the place made vacant by the death of these members reminds us of the uncertainty of life, and the certainty of death.

Resolved, that although the loss sustained by our Association is great, yet we would in humility remember that "Our loss is their gain."

Resolved, that the sympathy of this Association, together with a copy of these resolutions be sent to the bereaved families and friends.

Resolved, that a copy of these resolutions be placed upon the minutes of this meeting and a copy sent to the American Journal of Nursing.

Ida F. Giles, Chairman,
Helen F. Gebaney,
Mollie Mallot.

Newcastle, October 19, 1905.

Miss Daisy Abrams, one of our most esteemed and useful members, has been removed from us by death. She was ever willing to help with the work of the association, therefore, her loss will be deeply felt by its members. Therefore, be it

Resolved, That the members of the Alumnæ Association of the New York City Training School for Nurses tender to the parents and family of our deceased member, their heartfelt sympathy. Be it further

Resolved, That a copy of these resolutions be sent to the American Journal of Nursing.

Magdalene Fisher,
Theresa Hines Mason,
I. Grace Kline,
Committee.

It is with deep sorrow that the death of Miss Martha J. Meredith, graduate of the Mt. Sinai Training School for Nurses, Class of '97, is announced; therefore, be it

Resolved, That the Mt. Sinai Alumnæ Association expresses its appreciation of her faithful and earnest work in her profession, and extends its sympathy to her bereaved family and friends.

J. Greenthal,
E. B. Chadwick,
K. J. Feldman.

HOSPITAL AND TRAINING-SCHOOL ITEMS

HOSPITALS

SOME WAYS IN WHICH HOSPITALS ARE BEING AIDED

The Jewish Hospital of Cincinnati, Ohio, has just dedicated a new Nurses' Hall, the gift of the late Joseph Joseph of that city.

Mrs. Mary L. Baer of Lancaster, Pa., has sent a check for $10,000 to endow a bed in the General Hospital in memory of her husband, Reuben L. Baer.

By the will of Mrs. Emma K. Shipman of New York, St. Luke's Hospital, St. Paul, Minn., receives $5,000 to endow a bed in the charity ward.

The Trustees of the City Hospital, Quincy, Mass., have received a check for $5,000 for the endowment fund from Arthur B. Emmons and Robert W. Emmons to establish a memorial bed to their father, Nathaniel H. Emmons.

By the will of the late James C. Hart of Rochester, N. Y., the City Hospital received a bequest of $15,000 towards the maintenance of the Isabella Graham Hart Memorial Home for Nurses, a beautiful building, which Mr. Hart erected and equipped as a memorial to his wife some six years ago. Mr. Hart's daughters, Mrs. Robert Bartlett and Mrs. Bombright, are now to give to the hospital a companion building as a memorial to their father. This building will stand on the opposite side of the lawn, the same Colonial line of architecture will be followed, and the building will be for the use of patients. During his lifetime Mr. Hart was a constant but very quiet contributor to the hospital. The nurses' building is one of the most beautiful of the kind in the country, and the new building will be made very complete for the purpose for which it is to be used.

TRAINING-SCHOOL NOTES

The Sheppard and Pratt Insane Hospital, Baltimore, Md., has opened a Nurses' Training-School of its own, Miss Parsons, a Philadelphia graduate, being its superintendent.

The Bellevue Hospital Training-School is to be enlarged, and another house has been secured, which will be occupied by probationers to be admitted in classes of twenty. A short preliminary course will be adopted along such lines as will be most practical for a great hospital of this kind.

The graduating class of the Toronto General Hospital on October 20 was composed of the following young ladies: Winnifred Brereton, Bethany, Ont.; Josephine Y. Hopkins, Peterborough, Ont.; Annie Maude Stirling, Millarton, Ont.; Ida Helen Murray, Peterborough, Ont.; Priscilla Janet Smith, Aberfoyle, Ont.; Edith Macpherson Dickson, Toronto, Ont.; Elizabeth Davidson, St. Thomas, Ont.;

Elizabeth Mary Lindsay, Blyth, Ont.; Ethel Maud Levy, Brownstown, Jamaica, B. W. I.; Jessie Mulholland Reburn, Vernonville, Ont.; Christella Gertrude Sutherland, Bradford, Ont.; Elizabeth Merle Laidlaw, Durham, Ont.; Isabel Hurlburt, Mitchell, Ont.; Elizabeth Helen Purdy, Kincardine, Ont.; Isabel Mary Browne, Keyser, Ont.

THE graduating exercises of the New York City Training-School on Blackwells Island were held on November 4, when the following ladies received diplomas: Ella F. Smart, Martha Bell, Margaret O. Treharne, Katherine Auchmoody, Lydia L. Cook, Rebecca H. McNeill, Elizabeth A. Hayden, Evangeline McLouth, Ella J. Campbell, Katherine E. Youngs, E. Frances Dolan, Julia P. Shearer, Annie Harriet Appel, Agnes Ely Cooke, Lucy B. Ryder, Evelyn G. Whyte, Frances E. Wolf, Mary A. Williams, Frances M. Ehrer, Mary Isabel McCuaig, Anna L. MacNeil, Annie M. Keever, Elmira V. Hohl, Bessie E. Walker, Dorothy D. Davis, Mary A. Rolf, Ethel M. Henderson, Margaret C. McManus, Bertha J. Stevens, C. Louise Paris, Gertrude R. Smith, Elizabeth T. Hunter, Mary J. McBain, M. Ethel Maher, Kathryn Rowe, Ethel M. Russell, Jane L. McDermott, Anna Dando, Juanita Cortes, Elizabeth C. Kaplan, Ann Jeanette Highet.

THE Passavant Memorial Hospital held graduating exercises on November 16 when the following nurses received diplomas: Louise Steurnagel, Cynthia Grace Duncan, Alfrida Elizabeth Swanson, Maggie Elza Weaverling, Phebe Detweiler, Ellen Shoemaker, Mary Welty Christy, Lillian Eckert.

THE Philadelphia Hospital has inaugurated a special course in the Nursing of Tuberculosis. This course is intended to afford an opportunity for self support and a useful career to women who have had tuberculosis, and to any others to whom the work may appeal. The term is for two years, and a certificate will be granted to those who pass the required examinations.

THE Orange Training School has recently discontinued the payment of allowance to pupil nurses, but still furnishes text books and uniforms. It now offers eighteen loans of fifty dollars each to pupil nurses who shall be recommended by the Superintendent of the School. These Loans are payable as follows: Six to each class in sums of $25.00 twice each year. These loans are to be repaid to the School within two years after graduation, a personal note is required, but no security or interest.

In addition to the Loan Fund a Scholarship Fund of $600.00 has been given by a member of the Finance Committee which will be divided into prizes to be offered for merit.

PERSONAL

MISS LYDIA M. SCHIMMERING was retained as surgical ward nurse at the University of Michigan Hospital, after her graduation in June '05.

MISS ELIZABETH CONDIT, of Simmons' College, has begun her course in domestic science at the Visiting Nurses Settlement at Orange, N. J., to pupil nurses. This course proves of increasing value.

MISS ANNA F. MCALPIN of Savannah, Ga., was graduated from St. Luke's Hospital Training School for Nurses on October 18th, 1905. After Nov. 1st, she will act as parish nurse in the Parish of the Nativity, South Bethlehem.

Miss Anita Claggett has resigned her position of operating room nurse at the Touro Infirmary, New Orleans, and has been succeeded by Miss Agnes Daspit. Miss Brightie Waters has been appointed night supervisor of the same Infirmary.

Miss Louise Greenwood was delegate to the annual meeting of the New York Federation of Women's Club held at Binghamton the first of November; at this time Miss Sylvern V. Nye was elected one of the directors of the Federation.

Dr. and Mrs. Leonard Freeman returned from their trip abroad on October 14th and are residing at 801 Franklin St., Denver, Colorado. Mrs. Freeman before her marriage as Mrs. Jeane Wright was superintendent of nurses at St. Joseph's Hospital of Denver.

Miss H. Grace Franklin, R. N., has resigned her position as superintendent of the New York Medical College and Hospital for Women and also as superintendent of the Lozier Memorial Training School for Nurses to take effect December 15.

Miss Mary McKechnie has been appointed superintendent of the Orange Memorial Hospital, N. J., succeeding Mrs. Mary Chambers who has held the position many years. Mrs. McKechnie has held a number of important hospital positions and is well known to the profession.

Miss Bertha Gilbert Russell, graduate of the Bridgeport Hospital Training School. Class of 1901, has been obliged to resign her position as superintendent of Englewood Hospital, Englewood, N. J., on account of ill health. She will spend the winter at Saranac Lake, N. Y.

Miss Lydia E. Fletcher, Class of '99, of the Erie County Hospital, Buffalo, New York, who has for some time been assistant superintendent at the Soldiers' Home Hospital, Norfolk, Va., assumed the position of superintendent of the Newport News, Va., General Hospital, on Nov. 1st.

Miss Lucy A. Skinner, graduate of the University of Michigan Training School, Class '03, has been appointed superintendent of the Nichols Memorial Hospital at Battle Creek, Mich. Miss Violet S. Wier, graduate of the same class, has accepted the position of assistant to Miss Skinner.

On October 20th, Miss Hughanna MacKennan, a graduate of the Erie County Hospital, Class of '97 Training Class, Buffalo, assumed the superintendency of the City Hospital, Humboldt Parkway, Buffalo. By affiliation with several schools to secure experience in all branches, she will soon place the hospital on a footing for registration.

Miss Lillian L. Waterman of the class of 1894 of the Methodist Episcopal Hospital of Brooklyn N. Y., for the last four years night supervisor of that hospital, has resigned and will take up private nursing again. Her successor at the Hospital is Miss Margaret Culbert, Class of 1905 of the Methodist Episcopal Hospital, Brooklyn, N. Y.

Nine of the graduates of the New York Infirmary for Women and Children have leased a house at 63 West 91st St., which they hope to make the nucleus of a club house. As the number increases the quarters will be enlarged. The charter members of the club are, Misses Blaine, Elting, Harris, Anderson, Enersen, Cooper, Graham, Young, and Dixon.

Miss Nellie Goodhue, graduate of Royal Victoria Hospital, Montreal, resigned her position as supervisor of the Probationers at Lakeside Hospital, Cleveland, Ohio, to take a position at Roosevelt Hospital, New York.

Miss Lottie A. Darling, graduate of the Lakeside Hospital School for Nurses, Class of 1901, was appointed in her place.

Miss Mary H. Patterson, Rhode Island Hospital Training School for Nurses, 1896, succeeds Miss Pichett at the Newport Hospital, Newport, R. I., beginning her duties November first. Miss Patterson was superintendent of the Beverly Hospital, Beverly, Mass., for four years. She left there to take the Hospital Economics Course at Teachers' College, graduating in the Class of 1904. She has since been assistant superintendent of the Newton Hospital, Newton, Mass.

A reception was given by the Mt. Sinai Alumnæ Association on the afternoon of October 27, to give the graduates an opportunity to meet Miss Van Kirk and Miss Anderson, who were recently appointed superintendent and assistant superintendent of the Mt. Sinai Training School. It was held in the parlor of the Training School, and was extremely well attended, every class graduated from the School being well represented. The occasion was made doubly pleasant to the older graduates by the presence of Miss Alston, formerly superintendent of the school. The spacious parlor was beautifully decorated with Autumn leaves and carnations; refreshments were served, several piano and violin selection were given, and a thoroughly agreeable afternoon was enjoyed.

Dr. Ehrahon Cheesebrough, who was one of the victims of the horrible massacre of the missionaries which occurred at Lienchow, China, early in the month, was a graduate of the Illinois Training School for Nurses before she studied medicine. She had been a missionary to China for twelve years and had made a magnificent record of service, last year's report of the Woman's Hospital showing that she treated nearly 5,000 patients. It seems to be the consensus of opinion that the massacre of these missionaries was not because of prejudice against Christians, but because they were Americans and was done in a spirit of retaliation towards the United States because of the laws which exclude the coolie class of Chinamen from free admission to this country. The great mass of coolie immigrants to the Pacific coast come from Lienchow and the immediate vicinity and the atrocities were perpetrated by that class of Chinamen.

Upon the resignation of Dr. D. A. White as superintendent of the Hospital of the Good Shepherd, Syracuse, Miss Lina Lightbourne was appointed trustee-in-charge. The Executive Committee will appoint a suitable man for financial and purchasing agent, to whom the business of the institution will be intrusted, all to be under the direction of Miss Lightbourne, who was formerly the superintendent of the hospital but who was obliged to resign some years since because of ill health.

Miss Caroline Hill continues as superintendent of nurses with Miss Irene Johnson as her assistant, Miss Tibbitt as night superintendent and Miss Mary E. Reed, housekeeper.

During the time that Miss Lightbourne was away from the Hospital she has held the position of secretary to the Board of Trustees and has been in close touch with the work of the institution.

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